

Augmentative Communication Service

Information on Services and the Referral Process

This service helps children and youth who have challenges speaking and would benefit from using augmentative and alternative communication (AAC) devices to communicate. The team is made up of a Speech Language Pathologist (SLP), Occupational Therapist (OT) and Communication and Technology Facilitators (CTF). The team works closely with clients and their families, other involved therapists and educators to develop the best strategies.

The Augmentative Communication Service (ACS) Clinic at the Children's Treatment Centre of Chatham Kent is a General Level Augmentative Communication Service designated by the Ontario Assistive Devices Program to provide appropriate services to children who have complex communication needs. The ACS is limited to children and youth younger than 21, who are in school.

ACS clinicians prescribe AAC devices that support face to face and written communication that can be purchased or leased for home and community use. Many clients use their communication devices at school; however devices cannot be prescribed for school use only.

Access to Service

Referral Readiness:

Face to Face Communication: Individuals who are nonverbal or who are verbal but not understood and purposefully using 20 plus symbols with core and fringe vocabulary for their everyday needs. A child's use of symbols indicates a willingness and understanding of the need to supplement their current communication and is a predictor of successful use of technology.

Writing: Individuals who have a physical disability that effects their ability to write or type. These individuals have the literacy skills to write and have home writing needs but are not able to use a paper and pencil and are not able to use a standard keyboard or mouse.

Referral to the Augmentative Communication Service at the Children's Treatment Centre is appropriate if all of the following criteria are met:

- the child/youth is younger than 21 years of age
- the child/youth is a direct accessor (is able to point directly to items)
- the child/youth is an intentional communicator with picture discrimination (combination of core and fringe vocabulary)
- the child/youth has more than one communication function beyond requesting
- the child/youth's receptive language (understanding) is significantly better than expressive language abilities
- the child/youth's communication system is used and supported at home (in addition to childcare, school, or other environments)

Consultation Sessions:

- If your child is using fewer than 20 symbols to express himself/herself or is only using symbols to increase understanding (ie. visual supports/schedules) he/she would not be ready for a full ACS assessment.
- Please refer for a Consultation session so that we can help you with ideas on how to begin to use symbols to communicate or what to try next.
- A consultation session is an opportunity for family and the team (Primary SLP, OT and Educators) to discuss the child's communication skills and possible next steps to further develop their use of symbols or communication skills. For these sessions it is best to bring in your child's current communication system if they have one.

Referral

Complete the Request for Augmentative Communication Services Referral form and attach the Guided Assessment for Daily Communication Partners form which is completed by family, community therapists and Child Care and/or school team.

When the forms are completed, send them to:

Children's Treatment Centre of Chatham Kent
Attn: Tracy Koehler-Massender, SLP
355 Lark Street
Chatham, ON N7L 5B2

Or

Fax: 519-354-7355

What to expect?

- An ACS clinician will contact family and community partners (ie. Childcare, School) to talk about the child's communication needs and together develop some clear communication goals. With the child's goals in mind, the ACS clinician can begin a trial of strategies/equipment with the child.
- If the child would benefit from specific equipment to improve his/her face to face communication, the process to get funding from ADP will be reviewed.
- The ACS will provide training and technical support, as needed. An AAC Communication Care Plan will be developed and goals/strategies will be modelled by the ACS CTF at home, school and in the community.