

## Augmentative Communication Service (ACS) Clinic Consultation Request

The Augmentative Communication Service (ACS) team provides consultation sessions to families, Speech/Language Pathologists (SLP), Occupational Therapists (OT) and educators in the Chatham-Kent community who work with individuals who have complex communication needs. Consultations review current communication skills, and possible next steps to assist in further developing an individual's communication skills and use of symbols. **For these sessions it is best to bring in the individual's current communication system if they have one.**

Date Completed: \_\_\_\_\_ (DD-MM-YYYY)

Client Name	
Date of Birth	
School	
School Board	
Grade/Placement and Teacher Name	
SLP Name and Contact Info	

### Current Communication Skills

What is the Individual's current primary mode of communication?
What augmentative/alternative communication tools are currently in place? (Please give a detailed description, format, vocabulary, etc.)
What augmentative/alternative communication tools have been trialled with this individual?

### What does the team hope to gain from the consultation?

<input type="checkbox"/> Strategies to improve individual's expressive communication (i.e., needs/ideas, vocabulary)	<input type="checkbox"/> Strategies to help clarify an individual's speech that is not understood by most partners
<input type="checkbox"/> Strategies to assist individual in communicating more with peers, school staff, and others.	<input type="checkbox"/> Help identify vocabulary needs for communication book/display.
<input type="checkbox"/> Assistance with assessment and goal setting.	<input type="checkbox"/> Help design a communication book/ display.

Other/Comments:
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How would you like to receive the consultation session?

by phone     in person meeting     joint visit with client/team     video conferencing

**Parent/Guardian Consent:**

I have had the reasons for the ACS Consult and information sharing between the above named school and school board and the Children's Treatment Centre of Chatham-Kent (CTC-CK) explained to me, and I understand those reasons. I agree to the ACS Consult and sharing of information.

Yes

No

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing Referral

\_\_\_\_\_  
Referrer's Email Address

\_\_\_\_\_  
Referrer's Telephone #

**After completing, please email to [info.forwarding@childrenstreatment-ck.com](mailto:info.forwarding@childrenstreatment-ck.com),  
fax (519-354-7355), or mail to the address below.**