AC# _____

Augmentative Communication Service (ACS) Clinic Referral Questionnaire

ELIGIBILITY

Our ACS Clinic accepts referrals for individuals younger than 21 years of age, residing in Chatham-Kent who can directly access (point to) a communication system. They must also meet all of the following criteria:

☐ Is non-speaking or is speaking, but spoken language is difficult to understand
☐ Using at least 20 symbols to communicate
☐ Intentionally communicating for more than simple requests

Date of Referral:_____(DD-MM-YYYY)

CLIENT INFORMATION	
Name: (Surname) (First) DOB: (DD-MM-YYYY) Gender: **M** ☐ **F** ☐ Self describe:	
Address:	
Health Card Number: Version Code: Expiry:	
Childcare:	
School: ☐ LKDSB ☐ SCCDSB ☐ Providence Grade:	
Diagnosis: Physician:	
CAREGIVER #1 Address Same As Clients YES ☐ NO ☐ (complete fields)	CAREGIVER #2 Address Same As Clients YES ☐ NO ☐ (complete fields)
Relationship to client: Custody:	Relationship to client: Custody:
Name:	Name:
Address:	Address:
Primary #: Alternative #:	Primary #: Alternative #:
Email:	Email:
Language(s) Spoken: Interpreter: Yes ☐ NO ☐	Language(s) Spoken: Interpreter: Yes ☐ NO ☐
French Language Services Required? YES ☐ NO ☐	French Language Services Required? YES ☐ NO ☐

PRIMARY SLP and/or OT ASSESSMENTS ARE REQUIRED PRIOR TO MAKING A REFERRAL TO ACS.

The following ***must be*** included with this referral:

- ☐ Primary SLP and/or OT Name and Contact information (Team Members Chart on following page)
- ☐ Most recent Speech/Language and/or Occupational Therapy report

Individual/Family agree with this Referral including the collection and sharing of information for the purposes of processing Referral. ☐ YES ☐ NO

Name of Person Completing Referral | Referrer's Email Address | Referrer's Telephone #

355 Lark Street Chatham Ontario, N7L 5B2
Telephone: 519-354-0520 Fax: 519-354-7355 Toll Free #: 1-833-241-0628

Team Members

Role	Name (and Agency if applicable)	Phone number and email address
Parent(s)/Guardian(s)		
Teacher & School/Daycare		
Resource Teacher		
Educational Assistants		
Speech-Language Pathologist		
Occupational Therapist		
Physical Therapist		
Service Coordinator		
Other Agency/Specialist		
Other Agency/Specialist		

Current Communication System/Methods

1. Are there any hearing or vision concerns?

   ☐ No
   ☐ Yes – explain:_____

2. What is this individual's primary mode of communication? (e.g. verbal, picture-based, signs, gestures, etc.)

   _____
   _____

3. What types of communicative functions is this individual currently using (give examples)?

   ☐ Requesting: _____
   ☐ Commenting: _____
   ☐ Protesting: _____
   ☐ Greeting: _____
   ☐ Other (please describe): _____

4. What augmentative and alternative communication tools does the individual currently use (be specific)?

Type of Tool	For Input (partner uses to help client understand)	For Output (client uses to help partner understand)
No Tech Strategies: (gestures, eye gaze, facial expressions, body language, partner strategies, sign language, etc.)		
Low Tech Tools: (visual supports, schedules, communication board/book, picture exchange, etc.)		
High Tech Tools: (speech-generating devices, computer equipment, switches, special mouse, etc.)		

5. Please describe how this individual ***communicates with others*** using the following:

- **Symbols (photos/line drawings)**
  How many symbols does this person use to communicate what cannot be said verbally due to a lack of speech or reduced clarity?

  At home: _____ At school: _____

  Please list: _____
  _____
  _____

  Does this person combine symbols? ☐Yes ☐No

  Please give examples: _____
  _____
  _____

If client is using fewer than 20 symbols expressively or are only using symbols to increase understanding (e.g. visual supports) please refer for a Consult session

- **Verbal words**
  How many words spoken: _____

  Please give examples: _____
  _____

  Approximate percentage understood by familiar people: _____%
  Approximate percentage understood by unfamiliar people: _____%

- **Non-verbal**
  - ☐ Body movements (e.g. head nodding)
  - ☐ Moving to a place or object
  - ☐ Facial expressions
  - ☐ Vocalizations (i.e. vocal sounds)
  - ☐ Gestures
  - ☐ Word approximations

  ☐ Other (please describe): _____

- **Sign Language**
  Number of signs used to communicate: _____

  Please give examples: _____
  _____

6. Please describe this individual's preferences:

Preferences	Describe as many as possible (write specific examples)	The individual shows you this by doing…. (How do you know?)
Likes/Favorites		
Most favorite activities (something the individual always likes to do)		
Most favorite objects (something the individual always likes)		
Dislikes/Frustrations		
The individual does not like….		
The individual becomes frustrated when…		

7. Is there anything else you would like us to know (e.g. barriers to developing communication skills)?
   _____
   _____

Written communication

(ONLY fill out this section if you are requesting ACS Written Output Services)

1. Can this individual combine letters or symbols to create words or messages? ☐ **Yes** ☐ **No**

If not, please describe their current writing abilities: _____
_____

2. Please list this individual's home writing needs (journals, email, letters, internet use, etc.):

_____
_____

3. Can this individual use a standard keyboard/mouse to meet their writing needs? ☐ **Yes** ☐ **No**

If not, please describe their current access method for writing: _____
_____

4. Please list any assistive technology that has been tried:

☐ **Alternate Keyboards**
☐ **Joystick**
☐ **Specialized Software**
☐ **Switches**
☐ **Trackball**
☐ **Other:** _____

Please describe the assistive technology that has been tried:

_____
_____
_____

5. If possible, please provide current handwriting and typing speed in characters per minute:

Method/Writing Task	Copying	Memorized	Creative
Handwriting	per min:	per min:	per min:
Typing	per min:	per min:	per min:

Thank you for taking time to complete this form.

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

355 Lark Street Chatham Ontario, N7L 5B2
Telephone: 519-354-0520 Fax: 519-354-7355 Toll Free #: 1-833-241-0628