

APPLICATION – Augmentative Communication Services (ACS) – Face to Face Communication

***To be completed by Speech-Language Pathologist and family–
NEW Referrals ONLY***

<input type="checkbox"/> Client has a valid health card or is eligible to apply for a health card	
Date Completed:	
Name of Client:	Gender:
Date of Birth:	
Diagnosis:	
Name of Client’s School:	
SLP Name:	
SLP Email Address:	
Information about Augmentative Communication Services:	
<p>Our team works with you to find an augmentative or alternative communication tool to meet the needs and ability of each child or youth. There are many AAC tools to consider and our team will present options that will support the child’s communication development. This clinic can only provide systems your child will use to communicate and will not prescribe a device to be used as a learning tool.</p> <p>Once you receive the communication tool, ACS will offer coaching and consultation so you can learn how to communicate with your child using the system. Our team provides:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Technical information about the communication system (e.g., opening the device, recording messages, activating messages, customizing vocabulary, navigating the app, adjusting the volume, access support, etc.) <input checked="" type="checkbox"/> Strategies to create motivating experiences with your child and the AAC system <input checked="" type="checkbox"/> Communication partner skills that build long-term success when communicating with an individual who uses AAC <p>You may be eligible for financial support when purchasing a system or leasing opportunities (iPads are not available for lease). Please note, in many cases there is a cost associated with a prescription. Our team can provide more information based on the outcome of your child’s assessment.</p> <p>ACS supports communication goals in the home and community environments. If your child/youth has communication goals related to the school environment, please speak with the Speech-Language Pathologist at your school.</p> <p style="text-align: center;">I understand the services ACS can provide at KidsAbility. I would like to proceed with a referral to ACS.</p> <p style="text-align: right;">Parent/Caregiver Initials: _____</p> <p style="text-align: right;">Speech-Language Pathologist Initials: _____</p>	

Pre-Linguistic Skills	
Does the client demonstrate:	
Turn taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intentionality?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cause-effect skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please elaborate (if necessary):	
Receptive Language Skills	
Can the client:	
Follow directions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respond to other people's communication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respond to their name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please elaborate (if necessary):	

Communication Modes					
What kind of communication signals does the client currently use? Check all that apply.					
<input type="checkbox"/>	changes in breathing patterns	<input type="checkbox"/>	eye movement	<input type="checkbox"/>	single words (how many)
<input type="checkbox"/>	body position changes	<input type="checkbox"/>	vocalizations (sounds)	<input type="checkbox"/>	two word phrases
<input type="checkbox"/>	eye pointing	<input type="checkbox"/>	vowel sounds	<input type="checkbox"/>	three word phrases
<input type="checkbox"/>	facial expressions	<input type="checkbox"/>	pointing	<input type="checkbox"/>	three or more word phrases
<input type="checkbox"/>	gestures (i.e., reaching, guiding adult by the hand)	<input type="checkbox"/>	signing	<input type="checkbox"/>	writing or drawing – specify which one
<input type="checkbox"/>	pointing to pictures in a communication book	<input type="checkbox"/>	using a low-tech, light-tech or high-tech communication device		

Communicative Functions		
Does the client intentionally use vocalizations, gestures, words, body language, etc. to:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Express feelings (i.e., likes or dislikes)?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Accept or reject things that are offered?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Request items, help and information?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Get someone's attention?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Make choices?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Make comments?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Respond to questions?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ask questions?
Describe how the client indicates:		
"yes"	Is it reliable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
"no"	Is it reliable? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Motor Abilities	
Does the client have:	
Fine motor difficulties (i.e., difficulty with grasp, finger isolation, isolating a finger to point?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gross motor difficulties (i.e., unable to walk independently, use a manual/power wheelchair, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please describe any access concerns (if necessary):	

Vision / Hearing	
Is vision a concern? Specify if the client wears glasses	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is hearing a concern? Specify if the client wears hearing aids or has a cochlear implant.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Augmentative Communication	
Has the individual received a prescription of face to face communication equipment from an IA or a SEA iPad?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, device:	Date Dispensed:
Have any AAC strategies/devices been used to aid understanding or support expression?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a low-tech, light-tech, or high-tech device is used, please describe the name of the device or system and the number of vocabulary items per page:	
Completed by (SLP):	
Signature	Date

New Referrals
Family / Guardian Acknowledgement (this must be completed before referral is accepted)
I am aware of and in agreement with the information provided in this questionnaire. I consent to my child/youth's referral to Augmentative Communication Services at KidsAbility.

Signature **Relationship to Client** **Date**

To be completed by parent/legal guardian:

New Referral			
Mother		Father	
Name:		Name:	
Address:		Address:	
Telephone No.:	Home:	Telephone No.:	Home:
	Work:		Work:
	Cell:		Cell:
Email:		Email:	
Is English a second language for the client/caregiver?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Language spoken in the home:		Is an interpreter needed for appointments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please add any important information that you would like us to know about how your child/youth communicates:			

Dear Parent/Legal Guardian:

The Augmentative Communication Services (ACS) clinic is an Expanded Level Clinic with the Assistive Devices Program (ADP) of the Ontario Ministry of Health and Ministry of Long-Term Care. Services are provided at our Waterloo Site (500 Hallmark Drive), and as appropriate, in the client's home, school or community.

This referral is the first step to further enhance your child's/youth's communication skills.

Your commitment will be required throughout our process, including:

- Attending assessment and training appointments
- Providing opportunities for your child to practice in the home and community
- Working with the ACS team (SLP, OT, CDA) to learn strategies so you can be your child/youth's best teacher Your active participation to help your child/youth reach their full potential

I understand my role and will support my child/youth and the ACS team: _____

(Signature)

ATTENTION: The information communicated between KidsAbility's Augmentative Communication Service and facilitators is confidential and legally privileged. KidsAbility's Augmentative Communication Service will not disclose or discuss information relating to the client with anyone other than identified facilitators and legal guardians. KidsAbility shares a list of registered students waiting for an ACS assessment with the school board's Speech and Language Services department. Individual student information is not shared within this list. Information sharing helps inform educational Speech-Language Pathologists of your child's place on the ACS waitlist.

Please notify csa-ac@kidsability.ca if you do not provide consent to share this information.