

# Thank you for your interest in a referral to the Augmentative Communication Service (ACS)

# About Us

ACS provides assessment and consultation services for children and youth up to their 18th birthday, who are unable to communicate effectively using speech or writing.

ACS is an Expanded Level Clinic with the Assistive Devices Program of the Ontario Ministry of Health and Long Term Care.

We prescribe a wide range of augmentative strategies, including technology to support face-toface and written communication and 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.

To learn more see our website: http://www.tvcc.on.ca/service/augmentative-communication-service

# Referral Readiness "Who is ready for a referral to ACS?"

**Face-to-Face Communication**: Individuals who are non-verbal or not understood and are purposefully **using 20+ symbols\*** for their every-day communication 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.

**Face-to-Face Communication – Access:** Individuals who are non-verbal or not understood and have difficulty physically reaching or pointing to symbols which impacts the number of symbols they use to communicate. Individuals must have known preferences and be using symbols to intentionally communicate.

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

#### \*Why is using 20 symbols important?

- It indicates the client is aware their speech is not well understood and they are willing to use another method to clarify communication breakdowns
- The client gains experience using symbols
- The client gains an understanding of symbols and that they can be used to communicate
- It helps with initial vocabulary selection
- It indicates a gap between what the client understands and what they can express
- It clarifies a client's desire to communicate

## **ACS Consultations:**

If your child is using fewer than 20 symbols to express themselves or is only using symbols to increase understanding (e.g., visual supports) they would not be ready for a full ACS assessment.

Please refer for a Consultation session so that we can help you with ideas about how to begin to use symbols to communicate or what to try next.

A consultation session is an opportunity for you and other team members (e.g. SLP, OT, Educator) to discuss your 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.

## How to Get Started with our Service...

Please complete the **Augmentative Communication Service Referral Questionnaire** together with your child's community SLP or OT. Return the completed form to TVCC, Attn: Intake Coordinator, address or fax below.

## What will happen next?

#### **Discovery Phone Call**

A discovery phone call is an opportunity to talk with one of our clinicians about your child's referral to our program. We'd like to learn more detailed information about how your child currently communicates or writes, and how we can help your child achieve thier communication or writing potential. We schedule an hour for this phone call to give us enough time to address your child's needs.

#### **Discovery Consult Session**

Following the Discovery Phone Call, a Discovery Consult session will be offered. These occur at TVCC and are an opportunity for you, your child and other team members (e.g., SLP, OT, Autism team, Educator) to show us how your child is communicating and discuss possible skills and/or next steps to develop while you wait for active service. It is best to bring in your child's communication system (pictures, symbols, devices) and a familiar activity so that you can show us how you and your child communicate.

#### **Parent Orientation Session**

In order to learn more about our service and increase your understanding about augmentative communication possibilities, you will participate in an essential online parent orientation session.

#### Please complete the following questionnaire and return to:

Intake Coordinator TVCC 779 Base Line Road East London, ON N6C 5Y6 or Fax: 519-685-8705

## Augmentative Communication Service Referral Questionnaire

## Service(s) Requested:

#### **Consultation Session**

- □ I have some questions about referring someone and I need more information.
- □ I need support to begin using symbols for expressive communication.

#### **Face-to-Face Assessment**

- This person is non-verbal or not understood AND
  - □ Is purposefully communicating AND
  - Using 20+ symbols to expressively communicate what they cannot say verbally AND
  - Has a need for a communication system to use at home and in the community.

#### Face-to-Face with Access Needs Assessment

This person is non-verbal or not understood AND

- Has experience using symbols to communicate AND
- Struggles with accurate pointing due to a physical disability AND
- Has a need for a communication system to use at home and in the community.

#### Writing Aids Assessment

This person has the literacy skills to write but is unable to handwrite or use a standard computer to produce written work because of a physical disability.

Referred By: \_\_\_\_\_

Form comple	eted by:		
🗌 1 <sup>st</sup> Refe	rral to Augmentative Communication Servic	ce (ACS)	
🗌 Re-Refe	erral - Last ACS Involvement:		
Sudden loss of function (e.g. degenerative condition, surgery)			
Services Currently in Place			
SLP	Is SLP an A.D.P. Individual Authorizer?	Yes 🗌	No 🗌
Agency:		Phone #:	
E-Mail:			
от	Is OT an A.D.P. Individual Authorizer?	Yes 🗌	No 🗌
Agency:		Phone #:	
E-Mail:			

# **Client Information**

Child's Name:	D.O.B. (yyyy-mm-dd):	
Diagnosis:		
Parent(s) Name:		
Phone:		
E-Mail:		
School/ Daycare:		
Contact:		
E-Mail:		

## **Face-to-Face Communication**

#### This person communicates with others using:

Symbols (photos/line drawings) How many symbols does this person use a lack of speech or reduced clarity?	e to communic	ate what cannot be said verbally due to
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 fami	liar people:%
Approximate percentage understood by unfa	miliar 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
Sign Language  Number of signs used to communicate:	
Please give examples:	
Have you tried any technology for communicat No Yes , please describe:	ion?
What are you hoping for from this referral? Are strategies you would like ACS to explore?	e there any specific options, equipment or
Is there anything else you would like us to know	w (barriers to developing communication skills)?

# Written Communication

(ONLY Fill this section if you are rec	uesting ACS Writing Service)		
Can this person combine letters or	symbols to create words or messages?	Yes 🗌	No 🗌
If not, please describe current writi	ng abilities:		
Please list this person's home writi	ng needs (journals, e-mail, letters, Internet	t use etc.):	
Can this person use a standard key	board/mouse to meet their writing needs	?Yes 🗌	No 🗌
If not, please describe this person's	s current access method for writing:		
Please list any assistive technology	that has been tried:		
Alternate Keyboards	Switches		
Joystick 🗌	Trackball 🗌		
Specialized Software	Other:		
Please describe the assistive techno	blogy that has been tried:		
If possible, please provide current h	nandwriting and typing speed in characters	s per minute	e:

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

Comment on this person's ability to keep up with age equivalent writing demands:

Thank you for taking time to complete this form.

Please return it to: Intake Coordinator TVCC 779 Base Line Road East London, ON N6C 5Y6 or Fax: 519-685-8705