



Children's Treatment Network

Augmentative Communication Consultation Service (ACCS) Re-Referral FAX to CTN ACCESS Intake at 705-792-2775

Please note that a re-referral for retraining new team members is not an option.

Date of Referral: _____ (dd-mmm-yyyy) CTN Shared Record #: _____

CLIENT INFORMATION Demographic and caregiver information is accurate in Goldcare <input type="checkbox"/> Yes <input type="checkbox"/> No (complete)	
Name: _____ (Surname) _____ (First) DOB: _____ (dd-mmm-yyyy) Gender: M <input type="checkbox"/> F <input type="checkbox"/> O <input type="checkbox"/>	
Address: _____	
Health Card Number: _____	Version Code: _____ Expiry: _____
School: _____ Grade: _____ School Board: <input type="checkbox"/> N/A <input type="checkbox"/> YCDSB <input type="checkbox"/> YRDSB <input type="checkbox"/> SCDSB <input type="checkbox"/> SMCDSD <input type="checkbox"/> CSDCCS <input type="checkbox"/> CSViamonde <input type="checkbox"/> Other _____	
CAREGIVER #1 Address same as client <input type="checkbox"/> YES <input type="checkbox"/> NO (complete) Custody: _____	CAREGIVER #2 Address same as client <input type="checkbox"/> YES <input type="checkbox"/> NO (complete) Custody: _____
Relationship to Client: _____	Relationship to Client: _____
Name: _____	Name: _____
Address: _____	Address: _____
Primary #: _____ Alternate #: _____	Primary #: _____ Alternate #: _____
Email: _____	Email: _____
Language(s) Spoken: _____ Interpreter: YES <input type="checkbox"/> NO <input type="checkbox"/>	Language(s) Spoken: _____ Interpreter: YES <input type="checkbox"/> NO <input type="checkbox"/>
French Language Services Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	French Language Services Required? YES <input type="checkbox"/> NO <input type="checkbox"/>

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

The CTN Network Consent and Sharing of Information among Child & Family Team members has been discussed/completed with the Youth/Family.
 YES NO If YES, please attach consent form. Who has provided the consent? Client/Youth Caregiver CAS

Youth/Family agree to CTN's use of email for purposes of communicating with the family about upcoming Network events & Educations opportunities.
 YES NO

Signature of Referring SLP

Print name and Professional Designation

Date (dd-mmm-yyyy)

Name of Referring Agency

Email Address

Referrer's Telephone

Section 1 – To be completed by the referring Speech-Language Pathologist.

The client received ACCS support in the past and was left with AAC goals/ recommendations. Re-referral is appropriate **ONLY IF ALL** of the following criteria are met:

- the client is younger than 19 years of age

Age =

- the client is a direct accessor (is able to point directly to items)

Which finger/body part does the client use most often (and accurately) for pointing?

- the client is an intentional communicator with picture discrimination (uses core and fringe words). Core words are frequently used words, mainly verbs, descriptive words, pronouns, grammatical words (e.g., eat, play, up, go, etc.). Fringe words are specific nouns (e.g., cookie, ball, book, car, etc.).

Describe current abilities in detail.

Core words:

Fringe words:

- the client has more than one communication function beyond requesting (check all that apply)

Does the child...?	How Frequently?		
	Never	Occasionally	Frequently
...interact and take his/her communication turn with: 1. familiar partners 2. with peers 3. with unfamiliar partners			
...address you when he/she wants you to help him/her achieve a goal? (e.g., vocalizes or pulls your hand when wanting to be positioned, fed, take a ride, etc.)			
...refuse an offered object, food, clothing, or anything that he/she dislikes? (e.g., shakes head, frowns, and/or vocalizes when handed undesired food item)			
...direct your attention for the purpose of having you notice an object or event? (e.g., vocalizes with excitement and looks at you when seeing a fire truck or police car racing down the street)			
...answer questions...? 1. YES/NO questions (e.g., shakes or nods head when asked "Do you want to go outside?") 2. CHOICE questions (e.g., stares or points at picture or object when asked "Do you want to eat a banana or drink juice?")			

Client's Name:

CTN #:

3. WH questions (e.g., points at kitchen when asked "Where do you want to go?")			
... greet or show a social response upon appearance of a family member or in response to other's greetings? (e.g., looks towards person entering the room and smiles), signal thanks and/or wave goodbye?			
... make a comment while attending to objects or actions? (e.g., touches picture of "upset" to tell you about how he is feeling)			
... express his/her opinion or judges the value of something or someone? (e.g., shows dissatisfaction with facial expression to indicate refusal toward a particular cloth item)			
... comment about past events? (e.g., tells you that he/she got hurt at school by pointing at his/her leg and then to picture of school)			
... ask questions? (e.g., during dinner time, points to sibling's empty chair, vocalizes while looking at you, and then waits for a response)			
... use a sense of humour? (e.g., expresses or does something silly with the only purpose to evoke laughter or amusement)			
... try repairing communication breakdowns? (e.g., corrects him/herself, provides new information to make him/herself clear or expresses non comprehension)			
... try justifying his actions? (e.g., says no, then touches his/her head and frowns when asked to go out to indicate that he/she does not want to go because he/she is having a headache)			
... make predictions? (e.g., looks through window and asks for coat before going outside on cloudy day)			

- the client's receptive language (understanding) is significantly better than expressive language abilities

Describe in your own words what you think the client understands.

Describe in your own words how the client expresses thoughts/ideas.

- the client has home AAC needs (in addition to school or other environments)

List all environments and the current no tech, low tech, and/or high tech AAC tools being used in each. Describe in detail (e.g., tool, number of symbols per page, number of pages, etc.)

Client's Name:

CTN #:

- the client has worked on the goals/recommendations left at the time of discharge from ACCS and now has new communication needs which the local child and family team is not able to support

What is the status of the client's communication goals that were in place when ACCS transferred AAC care back to the local team?

Communication Goal	Achieved	Not Achieved	Describe in Detail

Name of previous ACCS clinician(s): _____

Date of transfer to local team: _____

Which new AAC need exists (must choose at least one)?

- original ACCS recommendation was low tech and client and team are now ready for possible high tech AAC assessment
- significant growth in client's expressive communication abilities requiring a review of AAC system
- change in client's physical access requiring review of AAC system and/or mounting

Specifics:

Section 2 – To be completed by the daily communication partners (caregiver, child care worker, teacher, Speech-Language Pathologist, etc.).

AAC Local Team Members:

Role	Name	Contact Information

Client's Name:

CTN #:

1. How well do you feel the client communicates at home?					
Please rate:					
	1	2	3	4	5
	Very poorly				Excellent
Describe AAC tools/strategies and how they are used in detail:					

2. How well do you feel the client communicates at school/child care?					
Please rate:					
	1	2	3	4	5
	Very poorly				Excellent
Describe AAC tools/strategies and how they are used in detail:					

3. What is the client's level of independence in using the communication system? [check one and describe]

Level of Independence	Describe in Detail
<input type="checkbox"/> Does not use the communication system . Unable or unwilling to use it.	
<input type="checkbox"/> Needs help and frequent prompting to use the communication system in order to participate.	
<input type="checkbox"/> Needs occasional prompting to remain focused.	
<input type="checkbox"/> Uses the communication system to independently communicate with familiar partners in routine activities.	
<input type="checkbox"/> Uses the communication system to independently communicate with all kinds of partners and in variety of environments and activities.	

4. What are the client's current AAC goals?

AAC Communication Goal	At Home	At School	Describe in Detail

Client's Name:

CTN #:

Completed by:

Name	Role	Date Completed