



Children's Treatment Network

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

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: _____ DOB: _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/> O <input type="checkbox"/> (Surname) (First) (dd-mmm-yyyy)	
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	CAREGIVER #2
Address same as client <input type="checkbox"/> YES <input type="checkbox"/> NO (complete)	Address same as client <input type="checkbox"/> YES <input type="checkbox"/> NO (complete)
Custody: _____	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

Client's Name:

CTN #:

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

ACCS 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?") 3. WH questions (e.g., points at kitchen when asked "Where do you want to go?")			

Client's Name:

CTN #:

... 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's communication system is used and supported at home (in addition to child care, 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 #:

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

What is the client's diagnosis?

Are there any hearing concerns? If yes, please describe concerns and list any other professionals involved.

Are there any vision concerns? If yes, please describe concerns and list any other professionals involved.

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:

Client's Name:

CTN #:

3. How well do you feel the client's communication is understood by others?					
Please rate:	1	2	3	4	5
	Very few people understand			Most people understand	
Describe strategies the client uses if not understood: (e.g., keeps trying, changes message, points to location, gestures, starts to cry, etc.)					

4. Please check all the people that understand the different ways the client communicates.	Close Family Members (parents)	Good Friends and Relatives	Acquaintances (classmates)	Paid Workers (teacher, attendant)	Unfamiliar People (store clerks)
Eye gaze					
Facial expressions/body language					
Gestures					
Pointing to objects, places					
Pointing to photos, pictures					
Vocalizations (i.e., speech sounds not always understood by others)					
Manual Sign language/sign language approximations					
Verbal speech – single words					
Verbal speech – two words together					
Verbal speech – three words or more together					
Word approximations					
Writing/drawing					
Communication board/book with photos					
Communication board/book with pictures					
Communication board/book with words and alphabet (reading, spelling)					
Simple communication device – describe:					
Complex communication device – describe:					
Special communication software used on a computer – name of software:					
Phone					
e-mail					
Combination of methods – describe:					
Other – describe:					

Client's Name:

CTN #:

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

AAC Communication Goal	At Home	At School	Describe in Detail

6. What do you hope to achieve with the ACCS referral?

<input type="checkbox"/> Additional tools/strategies to help clarify client's speech that is not understood by most partners.	<input type="checkbox"/> Help designing a complex low tech communication tool.
<input type="checkbox"/> Help with access/mounting assessment.	<input type="checkbox"/> Investigate a communication device.
Specifics:	

Completed by:

Name	Role	Date Completed