• is younger than 19 years

expressive communication

to other environments)

Augmentative Communication Consultation Service (ACCS)

ACCS REFERRAL

ACCS is a specialized service for children/vouth with complex communication needs. The team includes SLPs, OTs, and CDAs. The goal is to achieve the most effective communication possible for an individual by working with each child/youth's family, other professionals, and other clinicians to find ways for the child/youth to communicate.

ACCS CONSULT

Local team can request a consult from ACCS SLP and/or OT for either of the following reasons:

- child/youth does not meet full ACCS referral criteria and local team would like consultation regarding AAC system options, goals, or implementation
- local team unsure whether child/youth is appropriate for full ACCS referral
- child/youth was a previous ACCS client and team would like consultation regarding next steps
- no home AAC needs or family does not wish to use AAC at home

ACCS CLINIC VISIT

The ACCS Clinic is available additional training, troubleshooting, or to answer general questions regarding prescribed AAC systems

ACCS RE-REFERRAL

Child/vouth previously seen by ACCS. Client has worked on the goals/ recommendations made at the time of transfer of care and now has new communication needs that the local team is not able to support as follows:

- original recommendation was low tech and child/vouth and team are now ready for possible high tech assessment
- significant growth in expressive communication abilities requiring a review of AAC system
- change in physical access requiring a review of AAC system

PURPOSE

The ACCS clinician(s) will work with the child/youth and local team

current AAC system is used and supported at home (in addition

has more than one communicative function beyond requesting

Child/youth MUST MEET ALL of the following referral criteria:

• is an intentional communicator with picture discrimination

(combination of "core" and "fringe" vocabulary)

• has significantly better receptive language than

• is a direct accessor (points directly to items)

- throughout the following stages: • assessment/trials of potential AAC systems (typically 4-6 visits over 3 months)
- recommendation of AAC system; possible prescription of high tech AAC system
- service delivery consultation based on recommended AAC system (typically 3-12 visits over 3- 9 months)

Service is primarily provided virtually, but may also be provided at the child/youth's home, preschool, school, a Network Local Site, or in the community. The primary focus is to the client and home environment.

See "What is ACCS" client/professional handouts for more details.

Child/youth **MUST BE** younger than 19 years of age or still be attending secondary school to request an ACCS consult.

Families and local team members children/youth who are CTN ACCS clients. (past, present, on the wait list)

Child/youth MUST MEET ALL of the ACCS referral criteria (see first column). If the local team is not sure that the client is appropriate for re-referral they should proceed with an ACCS consult first.

Re-referral for retraining new team members is NOT an option.

Consultation to the local team may include:

- Virtual consultation by video conference
- phone conversation
- observation of child/youth
- discussion with team members
- AAC recommendations for next steps
- guidance as to if/when to proceed with a full ACCS referral

ACCS SLP/OT will contact referral source to schedule consult. Consult will be provided by video conference, phone, clinical meeting, and/or 1-3 joint visits.

Appointments are booked according to needs identified by parent/local team member. Appointments are provided by video conference.

See 'What to Expect' in the first column.

A SLP can complete the ACCS referral package (located on the ACCS page of the CTN Website under the "Programs & Services" tab). If there is no SLP involved with the client, please contact CTN ACCESS to discuss AAC needs. A physician referral is not required.

CTN ACCS Intake will contact the family to process the referral. If CTN ACCS Intake is not able to connect with a family they will send a no contact letter to the family and inform the referral source. ACCS SLP will contact the family to discuss service delivery once the referral has been processed and the child is ready to be seen.

• Local SLP/OT completes the "Request for AAC Consult" form and faxes to the ACCS STF. If there is no local SLP/OT contact ACCS STF

York Region District School Board

- Attend scheduled consult days (by phone or in person). If additional consultation is required, joint visits will then be scheduled. York Catholic District SchoolBoard
- Local SLP/OT emails YCDSB ACCS SLP/OT to request consult. York Preschool/Private School/No School
- Local team member completes the "York ACCS Consult Request" form and submits according to directions on form.

Contact the ACCS Clinic to schedule an appointment.

705-719-4795 ext 2222 accsclinic@ctnsy.ca

A SLP can complete the current ACCS re-referral package (located on the ACCS page of the CTN Website under the `Programs & Services" tab). If there is no SLP involved with the client, please contact CTN ACCESS to discuss AAC needs. A physician referral is not required.

See 'How to Access' in the first column for further details.

