



**Augmentative Communication Consultation Services (ACCS)
Consult Request – YRPSLP**

When to Refer

- YRPSLP team has already accessed AAC mentor and needs more support *and*
- YRPSLP team has questions regarding AAC approach *or*
- YRPSLP team has questions regarding assessing and setting goals *or*
- YRPSLP team has questions regarding direct versus indirect access *or*
- YRPSLP team needs support regarding a family self-purchase app that is ADP funded (i.e., Compass, Proloquo2Go, LAMP Words For Life, Touch Chat, Predictable, Proloquo4Text) *or*
- YRPSLP AAC mentors have AAC related client specific or non-specific questions

How to Refer

- Complete the ACCS Consult Request referral form. Upload the form to the client's electronic record and email the ACCS clinic (accsclinic@ctnsy.ca) to inform a consult has been submitted OR fax form to ACCS Clinic at 705-719-2405.

What to Expect

- ACCS SLP will contact the YRPSLP SLP referral source to schedule a consultation with ACCS SLP or ACCS CDA
- Consultations can be booked in conjunction with the referring YRPSLP SLP and CDA, if applicable
- ACCS SLP and/or CDA will provide 1-3 consultation visits



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Date of Request		CTN #
Child's Name		
DOB		
Diagnosis		
Parents' Names		
Address		
Parents' Phone Number		
Parents' Email		
Childcare or other setting		
AAC Tool		
YRPSLP SLP submitting request, name and email		
YRPSLP CDA, if applicable, name and email		
Reason for referral		



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I have had the reasons for an ACCS consultation and for information sharing between YRPSLP and CTN ACCS explained to me. I agree to the ACCS consultation and sharing of information as well as of review of documentation in my child's CTN electronic record if applicable.

Yes **No**

Parent/Guardian Signature (or verbal): _____

Parent/Guardian Name: _____ Date: _____

Witness
Signature: _____

Witness Name: _____ Date: _____