

Referral Criteria – Communication and Writing Aids Service (CWAS)

Augmentative and Alternative Communication (AAC)

PLEASE READ THROUGH CAREFULLY

CWAS' **Augmentative and Alternative Communication (AAC)** service provides support for both face to face and written communication for clients whose speech does not meet their everyday needs. As an Assistive Device Program (ADP) clinic, CWAS can authorize ADP funding when clinically recommended.

CWAS services the Toronto, Durham, York and Simcoe regions with the following exceptions:

CLIENT LIVES IN TORONTO and meets ALL of the following criteria:

- Can use fingers to point/press button
- Has a diagnosis of Developmental Disability or Intellectual Disability
- And/or is a current client of Surrey Place Developmental Disabilities Services

Consult Surrey Place's referral criteria

CLIENT LIVES IN YORK OR SIMCOE and

- Can use fingers to point/press buttons

Consult Children's Treatment Network's referral criteria

In order to be eligible for CWAS' AAC Referral, the client must meet ALL of the following criteria:

- Unable to speak or whose speech is unclear or limited
- Under the age of 19 (at the time of referral)
- Is working with or has access to speech language pathology consultation

and ONE or MORE of the following:

Client has significant vision needs

Client has difficulty using fingers to point/press buttons

Client is able to use fingers to point / press buttons

AND

Can independently and functionally use **10** symbols within or across word classes (e.g. verbs, nouns, adjectives, pronouns) on a communication system (i.e. board, book or device) to express at least 3 different topics (e.g. food, toys, places) with 2 or more partners

OR

Can use any combination of gestures and/or signs to express novel messages and whose receptive language is within normal limits

If client DOES NOT meet any of the above CWAS' AAC referral criteria, please refer to community speech-language services (e.g. preschool, school board)

Please use the referral form online at: hollandbloorview.ca/referrals

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Holland Bloorview
Kids Rehabilitation Hospital

COMMUNITY AGENCIES/PROFESSIONALS CURRENTLY INVOLVED:

Agency(s) (e.g. Child Protection, Community)

Professional (e.g. OT, Psychologist)

1. _____

2. _____

3. _____

MEDICAL INFORMATION:

Primary Diagnosis:

Other Diagnoses:

Does this client require any special infectious disease precautions? Yes No

If yes, what for: _____

Medical History/Allergies:

Taking Medication: Yes No

Risks (i.e. frequent falls)

Reason for Referral/Concern/Goals:

Specialized Services:

- Aquatic Therapy
- Communication & Writing Aids Services
 - Augmentative & Alternative Communication (AAC)
 - Writing Aids (WA)
- Clinical Seating
- Infant Development Services
- Life Skills Services
- Music Therapy

- Nursery Schools (Holland Bloorview)
- Orthotics (including protective headwear)
- Post-Secondary Transition Service
- Prosthetics (including myoelectric & cosmetic)
- Therapeutic Recreation Services

Dental Services:

- Cleft Lip & Palate (general anesthesia available for qualifying clients)
- Special Needs Dentistry (general anesthesia available for qualifying clients)

REFERRING PROFESSIONAL/CLIENT OR FAMILY:

Name: _____

Organization: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____

Please fax your completed Referral Form to Appointment Services: (416) 422-7036