Holland Bloorview
Kids Rehabilitation Hospital

Appointment Services: 150 Kilgour Rd, Toronto, ON M4G 148
Tel: (416) 424-3804 Fax: (416) 422-7036

Client Name: _____
Date of Birth: _____

Communication and Writing Aids Service (CWAS)
Writing Aids Referral – Eligibility Criteria

CWAS's Writing Aids (WA) Service works with clients with physical disabilities who speak but need tools to assist them to complete written work. This service is specific to clients who require written communication support.

In order to be eligible for referral, the client must meet all of the following criteria:

- Client is verbal
- Is under the age of 19 (at the time of referral)
- Has difficulty with handwriting because of a **physical condition**
- Has regular writing needs **at home**
- Can compose ideas in writing
- Does not have a writing aid that is meeting the client's needs at home
- Has the ability/potential to use a writing aid to increase speed and/or legibility of writing

If the referral is being made on behalf of a client, the client/family must be aware of the referral.

If client lives in Toronto and has a diagnosis of Intellectual Disability and/or is a current client of Surrey Place Development Services, please consult the criteria for the Augmentative Communication and Writing Aids Service at Surrey Place.

I have reviewed the CWAS-Writing Aids Eligibility Criteria above.
This client meets all criteria noted: ☐ Yes ☐ No

For More Information

Review our website at:

https://hollandbloorview.ca/services/programs-services/communication-and-writing-aids-service

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Communication and Writing Aids Service (CWAS)
Writing Aids Referral – Secondary (Additional Information) Form

Speech:

Is speech a concern? ☐ Yes ☐ No
Does the client use a communication system (e.g. picture symbols, letter board, speech-generating device, etc.?) ☐ Yes ☐ No Describe: _____

Literacy Skills:

Does the client:

- Name the letters of the alphabet? ☐ All ☐ Some ☐ Few
- Know the sound of each letter? ☐ All ☐ Some ☐ Few
- Identify a word that starts with each letter/sounds ☐ All ☐ Some ☐ Few

Select all items that the client is able to do independently using a pencil or keyboard, or by dictating letter by letter to an adult:

☐ Name
☐ 3-letter words (e.g., dog, mom)
☐ 2-3 syllable words (e.g., apple, family)
☐ Simple sentences (e.g., My cat is black.)

Home Writing Needs:

What are the client's current writing needs at home?

☐ Homework ☐ Lists/Notes
☐ Social networking ☐ Creative Writing
☐ Email ☐ Other: _____

How is writing currently completed at home?

☐ Handwriting
☐ Scribing (e.g. someone to assist with writing down notes)
☐ Computer - Specify: _____

Describe concerns that occur with handwriting (e.g. holding a pencil, pain, legibility, fatigue, speed):

_____

_____

Describe concerns that occur with computer use (e.g. targeting keys, pain, speed, mouse control):

_____

_____

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