

Referral Criteria - Communication and Writing Aids (CWAS)

Writing Aids (WA)

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 his/her 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.***

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
- Augmentative & Alternative Communication (AAC)
 - Writing Aids
- 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