Augmentative and Alternative Communication (AAC)

AAC Clinic Referral form

Referral Notes:

- *As this is an interdisciplinary team, this referral form should be completed by all relevant disciplines working with the client being referred.*

- *Please include results of recent formal or informal assessments completed and <u>attach a copy of relevant report(s).</u>*

- ***Please note,*** *we are unable to complete assessments without a local team member present either in person or virtually. Should loan of an AAC system be recommended, we are unable to arrange this without availability of local team member to support the loan process.*

- *Send Completed referrals: NSSAACTeam@crc.ie*

Name	
Gender	☐Male ☐ Female ☐ Other
Address (Include Eircode)	
Date of birth	
Diagnosis	
Parents/Carers details	Name(s): Contact No: Email:
Primary Language **Is an interpreter required?**	☐Yes ☐ No
Medical Card Number	
Preschool/School Details	Name: Year/class: Class Teacher: SNA/AIM support worker: Upcoming transition:
Referrer Details	Name: Title: Address: Tel No: Email: Availability to support assessment:
Date of referral	
Key link person *(if different to referrer)*	Discipline/Role: Address: Tel No: Email:
Local Services (Primary Care, CDNT, Private etc.)	
Local SLT details *(if different to referrer)*	Name: Address:

	Tel No:
	Email:
Local OT details *(if different to referrer)*	Name: Address: Tel No: Email:
Has client/parent/ guardian consented to this referral	☐Yes ☐ No

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Reason for Referral: (please specify clear goals)

Assessment request: ☐Direct Assessment ☐ Client Consultation

Associated areas:

Vision *e.g. long sighted, short sighted, cortical visual impairment (CVI), visual field deficit*	
Hearing	
Attention	
Play skills (if applicable)	
Cognitive ability	
Literacy Skills	
Behaviour *e.g. frustration, withdrawal, challenging behaviour*	
Motivators	
Medications	
Physical presentation	

Speech & Language skills:

Receptive language skills	
Expressive Language skills	
Speech intelligibility	
Social Communication skills	

AAC systems

Current Communication System or Method.	*For high tech device please include make and model of device as well as software used.* ☐ Unaided *e.g. Lámh* ☐ Low tech *e.g. communication boards, PECS, communication books, e-tran frame* ☐ Mid tech – *e.g. big mac, step by step, go talk etc.* ☐ High tech – e.g. *tablet or dedicated device* Please Describe AAC systems:
Communication partners *i.e. who do they use this system with?*	☐ Parents ☐ Siblings ☐ Grandparents ☐ Extended family ☐School/preschool staff ☐ Other
Communication Environments *i.e. where do they use this system*	☐ Home ☐ School/Preschool ☐ Community ☐ Other _____
AAC systems previously trialled	*Please state if these were successful/unsuccessful and if unsuccessful why.*
Yes/No Response *(Please detail how the client communicates Yes/No)*	
Level of symbolic understanding	☐ Object level ☐ Photo Level ☐ Symbol Level
Type of symbols used	☐ PCS/Boardmaker ☐ Symbolstix ☐ Widget ☐ Minspeak ☐ Other ☐ N/A
Symbol size *(size can be measured using a ruler)*	☐ 0-1 inch ☐ 1-2 inch ☐ 2-3 inch ☐ 3 inch+ ☐ N/A
Number of symbols per page/displayed (Grid size)	☐ 0-4 ☐ 4-8 ☐ 8-12 ☐ 12-20 ☐ 20-30 ☐ 30-40 ☐ 40+ ☐ N/A

Upper Limb function	
Access Method	☐Touch Access: RH, LH, keyguard used? ☐Alternative Access: eyegaze, switch, head pointer
If Switch Access	Trial of switches completed: ☐Yes ☐ No Type of switch: Activation site: Is the switch mounted? ☐Yes ☐ No Level of switch skill demonstrated:
Seating/Positioning	☐Ambulant ☐Wheelchair user Type of chair- Make & model: Mounting of communication aid:

Any additional relevant information: