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| jmcc_colour | AUGMENTATIVE COMMUNICATION CLINIC  REFERRAL REQUEST  **(for use with children and adults with language delays)** | | | Date: | |  |
| Name: |  | | | DOB: | |  |
| Caregiver: |  | | | Phone: | |  |
| Consent from family: | |  | | JMCC Referral attached | |  |
| Current Speech Language Pathologist:  Are they aware of this referral? | | |  | |  |  |
| What are your main concerns regarding communication for this person? | | | | | | |
| What are the person’s strengths? | | | | | | |
| **What do you perceive as the person’s needs?** | | | | | | |
| **Is the person interested in communicating with others?** | | | | | | |
| **Comment on the person’s receptive language skills:** | | | | | | |
| **Is there a gap between what the person understands and what they can communicate?** | | | | | | |
| **What are some things the person is interested in communicating about?** | | | | | | |
| **Comment on literacy skills (interest in books, letters, drawing)** | | | | | | |
| **Are there any sensory or motor issues?** | | | | | | |
| **What do you think the person needs to help them be successful?** | | | | | | |
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| |  |  | | --- | --- | | **Communication – please give examples** | | | **SLP Report** | | 1. How many words/signs/pictures does the person use?   1-10  10-50  50-100  100+ | | 1. Give examples of 10 things they communicate (by words, signs, gestures or pictures): | | 1. Do they combine words/gestures or pictures? (e.g. you go, that’s good) | | 1. Are these things easily understood by others? | | 1. How do they ask for something? (ex: looks at it, shows a picture, says the word) | | 1. How do they tell you they don’t want something? (ex: pushes away, shakes head “no”) | | 1. How do they ask for more? (ex: take your hands, signs, gestures) | | 1. How do they ask you to do something? (ex: takes hand, gesture for you to come) | | 1. How do they get your attention? (ex: smile, look at you, points to you, says sound) | | 1. How do they greet? (ex: wave, says “hi”) | | 1. How do they get you to look at something? (ex: point, say “look”) | | 1. Do they indicate yes or no? (ex: nods or says word) | | 1. Do they name objects or people? (ex: shows picture of person, says name) | | 1. Do they comment? (ex: shows picture of object, says “cold”) | | | | | | | |

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| **SPEECH/LANGUAGE THERAPY HISTORY** | |
| Is the person been receiving speech therapy? If yes, how long? |  |
| What augmentative strategies have you introduced and how successful were they? |  |
| Frequency of present treatment (i.e. weekly,monthly,block): |  |
| Goals of present treatment: | Progress: |
|  |  |
| Don’t forget to attach the JMCC Centre Referral Form – a physician’s signature is not required.  *Questions have been adapted from The Communication Matrix* | |