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| jmcc_colour | AUGMENTATIVE COMMUNICATION CLINICREFERRAL 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?

1-1010-5050-100100+ |
| 1. Give examples of 10 things they communicate (by words, signs, gestures or pictures):
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| 1. Do they combine words/gestures or pictures? (e.g. you go, that’s good)
 |
| 1. Are these things easily understood by others?
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| 1. How do they ask for something? (ex: looks at it, shows a picture, says the word)
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| 1. How do they tell you they don’t want something? (ex: pushes away, shakes head “no”)
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| 1. How do they ask for more? (ex: take your hands, signs, gestures)
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| 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)
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| 1. Do they name objects or people? (ex: shows picture of person, says name)
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| 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* |