

## **Consultation Request for AADL Speech Generating Communication Device (SGCD) Children's Allied Health**

The Children's Allied Health Augmentative Technology Team provides consultation services for children birth to 18 years of age residing in South Western Alberta. We can be reached at 403-388-6575 or 1-888-388-6575.

### **Who can refer**

- This consultation request must be completed by the **most responsible Speech Language Pathologist**

### **How can a SGCD Consultation help**

- Assessment of clients who might benefit from a mid or high-tech communication device on approved AADL product list.
- Providing ongoing support and education to clients and their support team for communication device chosen (i.e. training on how to model use of and promote use of device, how to program device).

**Please complete the checklist below to determine if the child/youth is ready for a SGCD consultation. If all boxes are checked below, proceed with the completion of the AADL SGCD Consultation Request:**

- Child's communication needs can not be met using natural speech.
- Child has a no-tech or low-tech system currently using to support communication.
- Child uses 10+ vocabulary items.
- Child is a context-dependant communicator (as described below):
  - Child can indicate basic needs by spontaneously pointing to objects and items.
  - Child recognizes visual symbols, such as photographs, picture symbols, signs, etc.
  - Child is aware of daily routines and schedules.
  - Child may not initiate or add to conversations on his own.
  - Child can participate in conversations when provided with written or pictorial choices on a turn-by-turn basis.
- Child has a desire to communicate.
- Child or caregiver is responsible and can maintain and care for the device.
- Environmental factors to support the device have been considered and planned for (caregiver, school team, clinician support, child's motivation, etc.).
- Child has a Speech-Language Pathologist to complete assessments/provide information as needed (e.g. vocabulary, concepts, intelligibility, literacy, cognition).
- Child has an Occupational therapist to provide information and follow up as needed if access to device is an issue.
- Child's SLP, OT, family is committed to following up with the device once a device has been obtained (continued programming, setting goals, data keeping, training partners, etc).



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Please print fill and return completed form by fax, email or mail:

Fax: 403.328.5139

Email: CHI.CCS.INTAKEAdministrativeSupport@albertahealthservices.ca

Mail: Alberta Health Services- Children's Allied Health

c/o Chinook Regional Hospital- 960 191h Street S. Lethbridge, AB T1J 1W5

<b>Child/Youth Information</b>	Last Name	First Name	Grade
	Date of Birth <i>(yyyy-Mon-dd)</i>	Alberta Health Care #	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Mailing Address:	Child's Placement <i>(i.e. name of school, daycare, preschool)</i>	

<b>Parent/Legal Guardian Information</b>	Last Name	First Name	Home Phone Cell Phone Work Phone
	Relationship <i>(parent, foster parent, legal guardian)</i>		Email
	Last Name	First Name	Home Phone Cell Phone Work Phone
	Relationship <i>(parent, foster parent, Legal guardian)</i>		Email

<b>SLP's Information</b>	Name(s) of Person Referring	Organization/School Division
	Phone	Email
	Date of Request <i>(yyyy-Mon-dd)</i>	This referral has been discussed with the Parent/Legal Guardian. <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Additional Therapist(s) Information (OT, PT, Behaviour Specialist)</b>	Name	Organization
	Discipline	Phone
	Email	
	Name	Organization
	Discipline	Phone
	Email	

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**Communication and Access**

<b>Speech &amp; Language Information</b>	<u>Speech Assessment</u> <input type="checkbox"/> Age Appropriate <input type="checkbox"/> Mild Impairment <input type="checkbox"/> Moderate <input type="checkbox"/> Severe  Intelligibility Rating	<u>Receptive Language</u> <input type="checkbox"/> Age Appropriate <input type="checkbox"/> Mild Impairment <input type="checkbox"/> Moderate <input type="checkbox"/> Severe  How Measured ( <i>i.e. formal, informal, observation</i> )	<u>Expressive Language</u> <input type="checkbox"/> Age Appropriate <input type="checkbox"/> Mild Impairment <input type="checkbox"/> Moderate <input type="checkbox"/> Severe  How Measured ( <i>i.e. formal, informal, observation</i> )
<b>Occupational Therapy Assessment</b>	<u>Fine Motor Skills</u> <input type="checkbox"/> No impairment <input type="checkbox"/> Mild impairment <input type="checkbox"/> Moderate impairment <input type="checkbox"/> Severe impairment		Does the student have challenges with muscle tone? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there decreased range of motion? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the child have difficulty with printing and/or writing? <input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Previous Assistive Technology Used</u> <i>(check all that apply)</i> <input type="checkbox"/> Sign Language <input type="checkbox"/> Switches (Step by Step, Big Mac) <input type="checkbox"/> PECS <input type="checkbox"/> Communication Board (activity/topic display) <input type="checkbox"/> PODD <input type="checkbox"/> Ipad/Tablet ( <i>list applications</i> ) _____  <input type="checkbox"/> Augmentative Communication Device  How did the child access this technology (i.e. direct selection, scanning, switch access, head point, eye gaze)?	<u>Current Assistive Technology Used</u> <i>(check all that apply)</i> <input type="checkbox"/> Sign Language <input type="checkbox"/> Switches (Step by Step, Big Mac) <input type="checkbox"/> PECS <input type="checkbox"/> Communication Board (activity/topic display) <input type="checkbox"/> PODD <input type="checkbox"/> Ipad/Tablet ( <i>list applications</i> ) _____  <input type="checkbox"/> Augmentative Communication Device  How did the child access this technology (i.e. direct selection, scanning, switch access, head point, eye gaze)?
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Reason for request?

Child/youth's strengths and interests?

What strategies have been tried? What strategies were effective?

Additional information (include any/all special needs)