

Referral Criteria – Communication and Writing Aids Service (CWAS)

Augmentative and Alternative Communication (AAC)

PLEASE READ THROUGH CAREFULLY

CWAS' **Augmentative and Alternative Communication (AAC)** service **provides support for both face-to-face and written communication** for clients whose speech does not meet their everyday needs. As an Assistive Device Program (ADP) clinic, CWAS can authorize ADP funding when clinically recommended.

CWAS services the Toronto, Durham, York and Simcoe regions with the following exceptions:

Exceptions: *(please refer to the appropriate agency if either of these apply):*

CLIENT LIVES IN TORONTO and meets **ALL** of the following criteria:

- Can use direct access (can point to pictures or buttons using fingers, hands or feet) with or without vision challenges
- Has a diagnosis of Developmental Disability or Intellectual Disability
- And/or is a current client of Surrey Place Developmental Disabilities Services

Consult Surrey Place's referral criteria

CLIENT LIVES IN YORK OR SIMCOE and

- Can use direct access (can point to pictures or buttons using fingers, hands or feet) with or without vision challenges

Consult Children's Treatment Network's referral criteria

In order to be eligible for CWAS service, the client must meet ALL of the following criteria:

- Unable to speak or whose speech is unclear or limited
- Under the age of 19 (at the time of referral)
- Is working with or has access to speech language pathology consultation

and ONE or MORE of the following: please check the ones that apply:

- 1. Client has vision needs that impacts ability to use pictures or symbols
- 2. Client has difficulty using direct access (cannot point to pictures or buttons using their fingers, hands or feet)
- 3. *Client is able to use direct access (can point to pictures or buttons using fingers, hands or feet) and can **independently** use **10** symbols on a communication system (i.e. board, book or device) to **initiate** communication about a minimum of **3** different topics (e.g. food, toys, places) with 2 or more partners across both structured and unstructured tasks
 - * A thorough description of the child's current communication system that includes the following must be submitted with this referral:
 - List of a minimum of **10** symbols that the child can use **independently** (no prompting) to **initiate** a purposeful message
 - List of a minimum of **3** topics that the child uses the picture symbols for (e.g. food, toys, places)
 - List of all people child currently uses symbols with and all environments symbols are used in

If client DOES NOT meet any of the above referral criteria, please refer to community speech-language services (e.g. pre-school, school board)

Before submitting:

- Have you checked all the applicable boxes?
- Have you attached the description of child's current system for #3 above (and any reports if available)
- Have you attached the referral form?

Please use the referral form online at: hollandbloorview.ca/referrals

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