

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION CLINIC
WRITING AIDS REFERRAL

This Referral form can be completed by anybody involved with child/youth educational, health and/or personal care but **MUST BE SIGNED** by the child's parents or guardians.

This form is used to determine eligibility for funding through the Assistive Devices Program (ADP). In order to qualify, the referred child/youth MUST have a diagnosis of a PHYSICAL DISABILITY, or has been found to have significant fine motor delays. A diagnosis of a Learning Disability alone will not qualify the child for ADP funding and therefore they will not be eligible for this service.

Has the child been referred to OKP AAC Clinic in the past? YES NO

Please indicate the nature of the child's difficulties impeding written output:

- The referred child has a PHYSICAL DISABILITY which has been diagnosed by a physician
- The referred child has significant FINE MOTOR DELAYS which has been documented by an occupational therapist
- The referred child has significant FINE MOTOR DELAYS which has NOT been documented by an occupational therapist
- The referred child ALSO has a LEARNING DISABILITY

Please also indicate if the following two conditions are met:

- Written output is not sufficient to meet functional written communication needs (i.e., cannot generate legible and time efficient handwriting)
- 18 years of age or younger, or older than 18 AND attending school at time of referral

If you have any questions about eligibility for Writing Aids Assessment, please contact OKP Intake Services at (705) 476-5437.

CLIENT INFORMATION		
Client's name:	DOB: <u> </u> / <u> </u> / <u> </u> D M Y	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	City:	Postal Code:
Home phone:	Diagnosis:	
Is the disability considered to be rapidly progressive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preferred language for assessment:	<input type="checkbox"/> English	<input type="checkbox"/> French <input type="checkbox"/> Other:
Would like an interpreter who speaks:		

REFERRAL SOURCE INFORMATION		
Name of person filling out this form:		
Address:		
Relationship with client:	Phone:	Date:

PARENT OR GUARDIAN INFORMATION
Name of: <input type="checkbox"/> parent(s) <input type="checkbox"/> guardian:



Address (if different from client):	
Home telephone (if different from client):	Mobile phone:
Email:	

1. What is your child's current placement (check all that apply):

<input type="checkbox"/> regular class: Grade: _____	<input type="checkbox"/> special education class	<input type="checkbox"/> partial inclusion
<input type="checkbox"/> full inclusion	<input type="checkbox"/> daycare full time	<input type="checkbox"/> daycare part time
Name of school: _____	School board: _____	
Name of daycare: _____		
Attendance schedule: _____		

2. Is the client on waitlist or receiving services in any of the following areas? If so, please list the name of the agency and, if available, the frequency of services (e.g., once per week, 9:00-12:00 three times per week etc):

Speech/Language Therapy: _____

Occupational Therapy: _____

Physiotherapy: _____

Seating: _____

Hearing: _____

Vision: _____

Behaviour: _____

3. Does the client walk independently? Yes No

What mobility aids are used, if any?

<input type="checkbox"/> walkers	<input type="checkbox"/> crutches	<input type="checkbox"/> stroller
<input type="checkbox"/> manual wheelchair	<input type="checkbox"/> power wheelchair	
<input type="checkbox"/> other		

4. Please describe any problems relating to:

Hearing: _____

Vision: _____

Behaviour: _____

General Health: _____

5. What are the client's writing needs **at home**

<input type="checkbox"/> homework	<input type="checkbox"/> email	<input type="checkbox"/> texting	<input type="checkbox"/> cards/invitations
<input type="checkbox"/> online social networks	<input type="checkbox"/> lists	<input type="checkbox"/> letters	<input type="checkbox"/> projects
<input type="checkbox"/> others: _____			

6. How are the client's writing needs met at present? Please include information about the client's current method of keyboarding / computer access, if applicable:

a) At home: _____



b) At school: _____

7. Please give us a general idea of the client's hand function:

RIGHT HAND

- can reach
- can point using index finger
- can isolate some finger movements
- can isolate all finger movements
- no functional use of right hand

Please describe:

LEFT HAND

- can reach
- can point using index finger
- can isolate some finger movements
- can isolate all finger movements
- no functional use of right hand

Please describe:

8. Please check all that apply:

HANDWRITING / PRINTING

- Client's writing speed is below age/grade and has an impact on his/her ability to meet writing needs
- Client experiences pain or fatigue (decrease endurance) when printing/writing
- Client's print is difficult to read
- There are concerns related to body posture, or stress on body parts because of the way the child writes, or how the writing tool is held
- List adaptations that have already been tried: _____

TYPING

- Client has difficulties using a standard mouse or laptop glide pad accurately
- Typing speed is below age/grade and has an impact on child's ability to meet writing needs
- Client experiences pain or fatigue (decreased endurance) when typing
- There are concerns related to body posture and/or stresses on body parts because of how the child types
- List computer adaptations that have already been tried:

LITERACY

- Client is of Kindergarten age or younger, can recognize at least 5 letters of the alphabet, has great difficulty with age appropriate pencil and paper tasks and cannot physically access a standard computer keyboard and mouse
- Client is in Grade 1 and can spell words using a pencil or keyboard with difficulties or by dictating letter by letter to an adult
- Client is above Grade 1, can communicate a basic idea or sentence in writing using a pencil or keyboard with difficulties or by dictating letter by letter to an adult (perfect spelling and grammar are not required)
- Client is of Kindergarten age or younger, can recognize at least 5 letters of the alphabet, has



great difficulty with age appropriate pencil and paper tasks and cannot physically access a standard computer keyboard and mouse

Client is in Grade 1 and can spell words using a pencil or keyboard with difficulties or by dictating letter by letter to an adult

9. Please describe in detail **the reason for this referral** and the areas you would like our assistance with:

Dear Parent/Guardian:

This referral is the first step in a process to help your child improve his/her ability to produce written work. This process requires a commitment from you in order to bring results.

You may be asked to attend multiple appointments over a period of several weeks, so that we can complete our assessment and provide the necessary training for any equipment that we may recommend. Not all clients will receive a writing aid following our assessment, but if we recommend one for your child, you may be asked to assist in the process of trying out, selecting and ordering equipment. As well, we may ask you to supervise or assist your child with ongoing training and practice once the equipment is received.

If you feel that you can make this commitment, and you agree to the referral, please sign below. If you have any questions about the referral, please call the OKP Intake Coordinator at (705) 476-5437 ext. 3834.

Parent/Guardian's signature: _____ Date: _____

OR

Verbal consent Obtained by _____ Date: _____

Please return this signed Referral Form, along with the signed Consent form to:

**One Kids Place
400 McKeown Ave
North Bay ON P1B 0B2
Attention: Intake
OR
FAX: 705-474-0127**

Please attach recent therapy reports (e.g. Occupational Therapy, Psychology, etc).

After we receive this form we will call the parents to complete an INTAKE INTERVIEW over the phone. Once this is completed, we will place the child's name on our waiting list.

“The personal information being collected on this form is collected under the authority of the Health Protection and Promotion Act, the Municipal Freedom of Information and Protection of Privacy Act & Personal



Kirkland Lake Site- 6 Tweedsmuir Road, Kirkland Lake, Ontario P2N 1H6
Muskoka Site- 100 Frank Miller Drive, Unit 2, Huntsville, Ontario P1H 1H7
New Liskeard Site- 213 Whitewood Avenue, New Liskeard, Ontario P0J 1P0
Nipissing Site- 400 McKeown Avenue, North Bay, Ontario P1B 0B2
Parry Sound Site- 86 Gibson Street, Parry Sound, Ontario P2A 1X5



Information Protection & Electronic Documents Act. This information shall be used to ensure necessary health care measures are attained.” Questions covering the collection of this information may be directed to One Kids Place, 400 McKeown Ave., North Bay, Ontario, P1B 0B2 Phone (705) 476-5437



Kirkland Lake Site- 6 Tweedsmuir Road, Kirkland Lake, Ontario P2N 1H6
Muskoka Site- 100 Frank Miller Drive, Unit 2, Huntsville, Ontario P1H 1H7
New Liskeard Site- 213 Whitewood Avenue, New Liskeard, Ontario P0J 1P0
Nipissing Site- 400 McKeown Avenue, North Bay, Ontario P1B 0B2
Parry Sound Site- 86 Gibson Street, Parry Sound, Ontario P2A 1X5

