**ASSISTIVE COMMUNICATION AND WRITING AIDS CLINIC**

# REFERRAL FORM FOR WRITING AIDS ASSESSMENT

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 Writing Aids Assessment and to gather information about the child/youth for the purposes of completing such assessment. **The child may be eligible if the following 5 conditions are met:**

* Child/Youth has a diagnosis of some type of physical disability
* Written output is not sufficient to meet functional written communication needs (i.e., cannot generate legible handwriting)
* Child is 6 years of age or older and is literate OR child is under 6 years of age
* 18 years of age or younger
* Team can identify a primary facilitator (i.e., OT, parent teacher, educational assistant) for ongoing support
* Writing Aid equipment/software is required for activities of daily living (i.e. not exclusively for school or recreation)

If you have any questions about eligibility for Writing Aids Assessment, please contact (705) 759-1131 ext. 240

Client’s name: Date of Birth:   / / Sex:  M    F

Client ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D M Y

Full Address: **HEALTH CARD #**: Home Tel. #: ( ) Type of disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the disability considered to be rapidly progressive? Yes No

Preferred language for assessment: English French Would like an interpreter who speaks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of:  parent(s) guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address *(if different from client)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel. # *(if different from client)*: ( ) Cel Tel. #: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person filling out this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. #: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the child receiving or has the child received services from another agency for the same need within the past 2 years?

**If yes, please skip to the Parent Agreement section of this form.**

1. Client’s Educational Placement *(if applicable)*: regular class (grade: ) special class School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Board: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 2. Does the client walk? Yes No

 What mobility aids are used, if any?

  walker       crutches    manual wheelchair  power wheelchair  specialized seating

  other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe any relevant concerns relating to:

 Hearing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Vision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Behaviour:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 General Health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­

1. What are the client’s writing needs **at home:**

 homework projects email texting  online social networks letters lists cards/invitations

other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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:

1. At home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. At school: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please give us a general idea of the client’s hand function:

 a) Right Hand: can reach Please describe:

 can point using index finger

 can isolate some finger movements

 can isolate all finger movements

 no functional use of right hand

 b) Left Hand: can reach Please describe:

 can point using index finger

 can isolate some finger movements

 can isolate all finger movements

 no functional use of left hand

1. Please check all that apply:

|  |
| --- |
| **HANDWRITTING / 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:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| **TYPING** |
| * Client has difficulties using a standard keyboard
* 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 or above, has some difficulties spelling words using a pencil or keyboard, or needs to dictate letter by letter to an adult
* Client is above Grade 1, has some difficulty communicating a basic idea or sentence in writing using a pencil or keyboard, or needs to dictate letter by letter to an adult (perfect spelling and grammar are not required
 |

1. 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 (705) 759-1131 ext. 240.

**Parent/Guardian’s signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In order to prepare for your child’s assessment, we need to collect some background information. When we are ready to assess your child, we will contact you to obtain the background information relevant for the assessment.**

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

**THRIVE Child Development Centre**

**74 Johnson Avenue**

**Sault Ste. Marie, ON P6C 2V5**

**Attention: INTAKE**

*“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 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) 476-543*