



AN LÁRCHLINIC FEABHAIS

CRC SPECIALIST SERVICES
REFERRAL FORM
AAC CLINIC

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Web: www.crc.ie

- As this is an interdisciplinary team, this referral form should be completed by all relevant disciplines working with the client being referred.
Please include results of recent formal or informal assessments completed and attach a copy of relevant report(s).
Please note, we are unable to complete assessments without a local team member present either in person or virtually. Should loan of an AAC system be recommended, we are unable to arrange this without availability of local team member to support the loan process.
Please return referral form to: specialistreferrals@crc.ie

Form with fields: Name, Gender, Address, Date of birth, Diagnosis, Parents/Carers details, Primary Language, Is an interpreter required?, Medical Card Number, Preschool/School Details, Referrer Details, Date of referral, Key link person, Local SLT details.

[Type here]

Local OT details (if different to referrer)	Name: Address: Tel No: Email:
Has client/carer consented to this referral	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Referral: (please specify clear goals)
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Associated areas:

Vision	
Hearing	<i>e.g. long sighted, short sighted, cortical visual impairment (CVI), visual field deficit</i>
Attention	
Play skills	
Cognitive ability	
Literacy Skills	
Behaviour	<i>e.g. frustration, withdrawal, challenging behaviour</i>
Motivators	
Medications	
Physical presentation	

Speech & Language skills:

Receptive language skills	
Expressive Language skills	

[Type here]

Speech intelligibility	
Social Communication skills	

AAC systems

Current Communication System or Method.	<i>For high tech device please include make and model of device as well as software used.</i> <input type="checkbox"/> Unaided - e.g. Lámh <input type="checkbox"/> Low tech - e.g. communication boards, PECS, communication books, e-tran frame <input type="checkbox"/> Mid tech - e.g. big mac, step by step, go talk <input type="checkbox"/> High tech - e.g. tablet or dedicated device
Communication partners	<i>i.e. who do they use this system with?</i> <input type="checkbox"/> Parents <input type="checkbox"/> Siblings <input type="checkbox"/> Grandparents <input type="checkbox"/> Extended family <input type="checkbox"/> School/preschool staff <input type="checkbox"/> Other
Communication Environments	<i>i.e. where do they use this system</i> <input type="checkbox"/> Home <input type="checkbox"/> School/Preschool <input type="checkbox"/> Community <input type="checkbox"/> Other
AAC systems previously trialled	<i>Please state if these were successful/unsuccessful and if unsuccessful why.</i>
Yes/No Response	<i>Please detail how the client communicates Yes/No</i>
Level of symbolic understanding	<input type="checkbox"/> Object level <input type="checkbox"/> Photo Level <input type="checkbox"/> Symbol Level
Type of symbols used	<input type="checkbox"/> PCS/Boardmaker <input type="checkbox"/> Symbolstix <input type="checkbox"/> Widget <input type="checkbox"/> Minspeak <input type="checkbox"/> Other <input type="checkbox"/> N/A
Symbol size	<input type="checkbox"/> 0-1 inch <input type="checkbox"/> 1-2 inch <input type="checkbox"/> 2-3 inch <input type="checkbox"/> 3 inch+ <input type="checkbox"/> N/A (<i>size can be measured using a ruler</i>)
Number of symbols per page/displayed	<input type="checkbox"/> 0-4 <input type="checkbox"/> 4-8 <input type="checkbox"/> 8-12 <input type="checkbox"/> 12-20 <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40+ <input type="checkbox"/> N/A
Upper Limb function	
Access Method	<input type="checkbox"/> Touch Access: RH, LH, keyguard used? <input type="checkbox"/> Alternative Access: eyegaze, switch, head pointer
Switch Access	Trial of switches completed: <input type="checkbox"/> Yes <input type="checkbox"/> No

[Type here]

	Type of switch: Activation site: Is the switch mounted? <input type="checkbox"/> Yes <input type="checkbox"/> No Level of switch skill demonstrated:
Seating/Positioning	<input type="checkbox"/> Ambulant <input type="checkbox"/> Wheelchair user Type of chair- Make & model: Mounting of communication aid:

Any additional relevant information:
