



GUIDELINES FOR COMPLETING THE ACTU REFERRAL FORM: CHILDREN AND YOUNG PEOPLE

These guidance notes will support you to fill out the ACTU referral form. We recognise that the service we provide is a complex one and that you may want to discuss the referral before completing the form. In this situation you may contact the ACTU Team on 21653991 for further guidance.

Please note that in order to make a referral for a child or young person you should be a health professional with regular involvement with the child/young person being referred. You should also be prepared to support the child/young person through the assessment process and be able to support the child/young person with the implementation of recommending equipment and interventions.

In some circumstances, relevant to Electronic Assistive Technology (EAT) referrals, the child may no longer have access to an appropriate health professional. In such situations the Head of Department (Inclusion) or a member of the School Management Team may be able to make a referral after discussion with the ACTU Team which can be contacted on 21653991.

Note: The role of ACTU is to make recommendations and to support the family and professionals with the initial implementation of recommended equipment. ACTU does not provide equipment although team members will provide information on funding sources.

Eligibility for referral

Children and young adults may be referred to either the Augmentative and Alternative Communication (AAC) service or the Electronic Assistive Technology Service (EAT). Eligibility for each of these services is described below.

Referrals for the Augmentative and Alternative Communication (AAC) service

Augmentative and Alternative Communication refers to any systems and interventions which are used to support communication. For referrals for an assessment for an AAC system/s the eligibility criteria for children and young people are as follows:

1. Children under the age of 16 with physical and/or sensory disabilities, complex communication needs (CCN), speech, language and communication needs (SLCN) and/or learning disabilities may be referred to this service.
2. The child must have achieved beyond cause and effect development and be able to make a choice of two pictures to request with intent.
3. They must also demonstrate evidence of implementation of AAC systems (can be low-tech or high-tech).

If the child/young adult does not meet the eligibility criteria or is over the age of 16 years you are invited to make an appointment to attend an information day with members of the ACTU Team or you may contact the Team on 21653991 to discuss further options.

Referrals for the Electronic Assistive Technology (EAT) Service

Electronic Assistive Technology (EAT) is a generic term that describes a range of equipment including environmental controls systems, communication aid access equipment and equipment used for overcoming problems with accessing computer technology. The EAT service is subdivided into two services, the computer access service and the environmental control service in order to facilitate the assessment process. For referrals for EAT service the eligibility guidelines are as follows:

1. Children under the age of 16 who are verbal and presenting with complex combination of needs from physical disability, predominately with upper limb and learning disabilities, specific learning difficulties, or visual or auditory disabilities that result in them being unable to use standard controls, for example computer mice, keyboards, touch screens, mobile phones and/or remote controls
2. Cognitively and physically able to operate Environmental Control (EC) equipment consistently.
3. Able to demonstrate sustained motivation to use the EC equipment and/or access technology for learning or leisure purposes.

4. Where the child is diagnosed with a variable condition (e.g. a progressive neurological condition), the above criteria can be applied with regard to the child's anticipated needs and abilities within a clinically appropriate time period. Referrals can be accepted on this basis.

The following exclusion criteria also applies to the service:

1. In situations when non-specialist solutions to the identified needs of the child are available and appropriate e.g. the use of standard keyboard and mouse, referral to ACTU is not needed.

Sections 1-3 should be completed for all referrals.

Section 1: Child's information

1a: Child's personal information

Fill out the child's name, address, date of birth, ID number and gender information. Also fill out the sections which pertain to parent and legal guardian information. You should state their names and relationship to the child. Contact details including landline, mobile number and email should also be provided. Further information on the educational setting (if appropriate) should also be added here.

1b: People involved in the child's care

In this section please list people who provide services to the child being referred. Tick if they have been informed of the referral. For AAC referrals, the speech and language pathologist should be making the referral. For EAT referrals, the occupational therapist is usually the front liner in referring clients to this service, however referrals are also accepted from physiotherapists. Heads of Department for Inclusion may liaise with the appropriate therapist to make referrals.

1c: Diagnosis

Please state the child's diagnosis. If the child's diagnosis is not known state unknown or under investigation if this is appropriate. State the date of onset if the child was not born with the diagnosis.

Tick if the diagnosis is stable, improving, or deteriorating. Describe any medical history which might impact on the implementation of AAC/EAT. List medications the child is prescribed.

Section 2: Referrer's details

2a: Referrer's information

This section should be filled by the referrer. The referrer should include information including his/her name, profession, address, email and telephone number. The referrer should be prepared to support the child/young person through the assessment process and be able to support the child/young person with the implementation of recommending equipment and interventions.

Section 3: Referral information

3a: What service would you like to access?

Tick all that apply. The options are AAC service, the EAT service which consists of computer access and/or environmental control (EC) service. If ticking the AAC service go to Section 3b. If ticking only computer access and/or environmental control go to Section 3c. If ticking AAC and any other service complete both sections 3b and 3c.

3b: AAC service: Meets the following criteria

This section deals with eligibility for the AAC service. Please answer all questions as fully as you can. If you answered 'no' for any question please contact the speech and language therapists on the ACTU Team for further guidance on the referral process. If you answered 'yes' to all of the questions please proceed to section 3d.

3c: Electronic Assistive Technology Services: Meets the following criteria

The section deals with eligibility for the EAT services. Please answer all questions as fully as you can. If you answered 'yes' for any question please contact the occupational therapists on the ACTU Team for

further guidance on the referral process. If you answered 'no' to the above questions, proceed to fill out sections 3d, 4c and sections 5 to 9.

3d: Referral question

The referral question should be filled for all referrals. Please provide us with as much information about why this referral is being made at this time. We recognize that your goals and parental goals may not be exactly the same so please respond to both questions. If the child is able to contribute we would appreciate their input as to why the referral is being made.

Section 4: Communication

Complete all parts of section 4 for AAC referrals. Complete only section 4c for EAT referrals.

4a: Current communication methods

If the child is currently using AAC to support his/her expressive communication please attach photos/videos of these. Tick as many modes of communication as apply to the particular child. Please use the right hand column to provide additional detail on how these systems are used and if there are any limitations of these systems. If the system which the child is using is not listed please use 'other' to write your own. In the final row, please list strategies which are helpful to support the child's communication.

4b: Communication ability

In this section the referrer is given the opportunity to provide further information about the child's current communication abilities. State the speech therapy diagnosis in the first row. Give detail about the strengths and limitations of the child's speech, symbol use and social communication.

For understanding and expression, tick the highest level the child can achieve consistently. Tick all that apply for how the child communicates 'yes' and 'no'. In the final row, please tick the one which best applies to the child's current use of AAC systems.

4c: Communication functions

This section should be completed for all referrals.

Please describe in as much detail as possible how the child communicates functionally. You may provide examples of how the child greets, requests, negates etc.

4d: Communication needs

Please provide as much detail about where and with whom the child communicates. Please state the child's first language with reference to the home setting. If the child is exposed to more than one language in home or at school please state this. If there is a requirement for more than one language on the AAC device please state it in answer to the last question in this section.

The following sections should be completed for all referrals.

Section 5: Motor and sensory perceptual function

5a: Sensory Perceptual

The purpose of this section is to inform the ACTU therapists about the current motor and sensory status of the child. In your answer include details of any diagnosed and/or suspected hearing and/or visual difficulties. Give examples of how these affect the child in practice. Describe their impact on the child's communication if applicable. Details of what, if any, equipment/support the child uses to augment his/her hearing/vision e.g. hearing aid, glasses etc. Indicate the sensory processing difficulties experienced by the child and how this is affecting function.

Visual perception refers to the visual cognitive skills that allow us to process and interpret meaning from the visual information that we gain through our eyesight. Include details of any diagnosed and/or suspected visual perceptual difficulties with examples of how these affect the child in practice e.g. can the child distinguish an object from irrelevant background detail? Does the child lack co-ordination and balance?

5b through to 5e: Physical abilities; Head and Neck control; Upper limb function; eye movements;

The purpose of these sections is to provide ACTU therapists with an understanding of how the child is able to control his/her environment, and to indicate the potential for alternative access systems/strategies to enhance this control. Describe in detail how the child uses his hands and if the child exhibits fatigue when moving. Describe the child's capacity to co-ordinate the smaller movements of their hands and fingers (both left and right). Tick other relevant characteristics and describe in detail how they manifest e.g. action tremor. Include details of all voluntary and involuntary movements. Give details about the child's range of movement, and state if and how these movements are affected by changes in the child's environments, activities, fatigue and/or mood. Give practical examples of what functions the child is able to carry out – e.g. hold a pen, fasten buttons - how successful they are.

5f and 5g: Mobility and Seating

Describe the child's mobility. Indicate with each of the options the extent of their mobility.

Is the child ambulant? Describe whether the child is fully mobile or able to walk with support. Detail any support needed, such as a standing frame, brace etc.

If the child uses a wheelchair indicate the type of wheelchair they use. If so, provide details of the specific make and model and whether mounting will be required for the chair. Include a photograph of the seating system where possible with the child seated in it. Photos of the front and the side which include the full wheelchair system are required. Provide information about whether the child uses this independently and how he/she operates/controls it and whether the wheelchair system is used indoors and/or outdoors.

Consider if the child will require mounting for other equipment, or in other positions, such as when in bed.

Describe any special equipment that the child uses to control aspects of their environment. Your answer should include the type of equipment, make and model and practical examples of what the equipment enables the child to do e.g. turn on/off lights, watch television etc.

Section 6: Cognition and behaviour

6a: Cognitive function

Please attach the most recent psychological report. Please tick 'yes' or 'no' in relation to presence of memory impairment, reduced ability to learn, reduced attention, and reduced reasoning/problem solving ability. Make any relevant comments on how the presence of absence of these could impact learning to use an EAT/AAC device/system.

6b: Behaviour

Please select 'yes' or 'no' to the first question about whether the child exhibits challenging behaviours. If 'yes' describes what happens when the child is frustrated. Describe the kind of challenging behaviour exhibited and any reasons (if known) for it.

Tick 'yes' or 'no' if the child has or is likely to develop challenging behaviour due to communication breakdown. If the child has already developed challenging behaviour related to communication describe the behaviour as fully as possible and provide examples of the situations it occurs in.

Describe any emotional and/or psychological factors which may impact on the child's behaviour when coming to ACTU.

If a behavioural support plan is already in place for the child please attach it to the referral.

Section 7: Reading and writing skills

If the child is attending school please attach the most recent IEP document.

Tick all the statements that apply for both sections 'reading comprehension' and 'spelling/writing'.

Section 8: Computer access

This section covers the child's current computer access. Describe as fully as possible how the child currently uses tablets, laptops, PCs, and mobile phones. If the child shows interest in technology provide examples of what the child likes to do with it. Tick 'yes' or 'no' whether the child has access to a computer and a tablet. For tablet access state the make and model of tablet. Describe how the child accesses the tablet e.g. using his right index finger, fist etc.

Section 9: Additional information

9a: Please state any additional information that you think the therapists would benefit from knowing about the child. The assessment team would find it very useful if you could list some motivators for the child in preparation for the assessment. This may include what motivates the child and any likes/dislikes.

9b: Please tick the reports that you have provided as attachments

Section 10: Consent information

The consent form should be signed by both parents. In a situation where one parent has full custody, the parent is requested to attach a copy of the legal document which states this.
