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Vranch House
Pinhoe Road
EXETER
EX4 8AD

Telephone: 01392 468333

Fax: 01392 463818

E-Mail: eleanor.spark@nhs.net

Website: www.vranchhouse.org

Registered under the Charities Act 1960, registered number 1002700

An Independent School approved under the Education Act 1981

A Company Limited by Guarantee - Registered Number 2599511

NEW DEVON AAC INTERVENTION SERVICE

Scope of Service

The NEW Devon AAC Intervention Service provides assessment and intervention services to individuals aged up to 19 years who are currently in education, who present with a severe/complex communication difficulty, and who require the use of high-tech Augmentative and Alternative Communication devices (requiring a power source to operate).

In the event that an individual has met the referral criteria to access the NEW Devon AAC Intervention Service, the service can provide the following:

- Assessment of the individual's current communication needs and recommendation of a suitable form of high-tech AAC
- Advice and assistance in procuring equipment (where appropriate)
- Devise a communication plan that will set out how best to implement and develop the individual's ability to use AAC for a variety of purposes and with different people
- Closely work with the individual, family, teaching and care staff to provide strategies, activities and guidelines for continuing to develop communication skills in all settings

Once the individual is using the AAC device effectively and it is felt that the support team are equipped to follow through with recommendations, this often indicates that the episode of care is reaching its final stages, and when appropriate, the individual's episode of care is closed. If the individual requires further input from the AAC Intervention Service, they may be re-referred.

Referral Procedure

1. Use the '**Guidance on referral criteria**' document provided to determine whether the individual meets the eligibility criteria to access the NEW Devon AAC Intervention Service
2. If unsure, contact the NEW Devon AAC Intervention Service:
Eleanor Spark
Tel: 01392 468333
Email: eleanor.spark@nhs.net
3. If the individual meets the referral criteria, complete and send the referral form
4. The referrer will be contacted if further information is required before accepting the referral
5. The referral is either rejected or accepted
6. Accepted referrals will be booked for an initial session within 18 weeks of the referral being accepted



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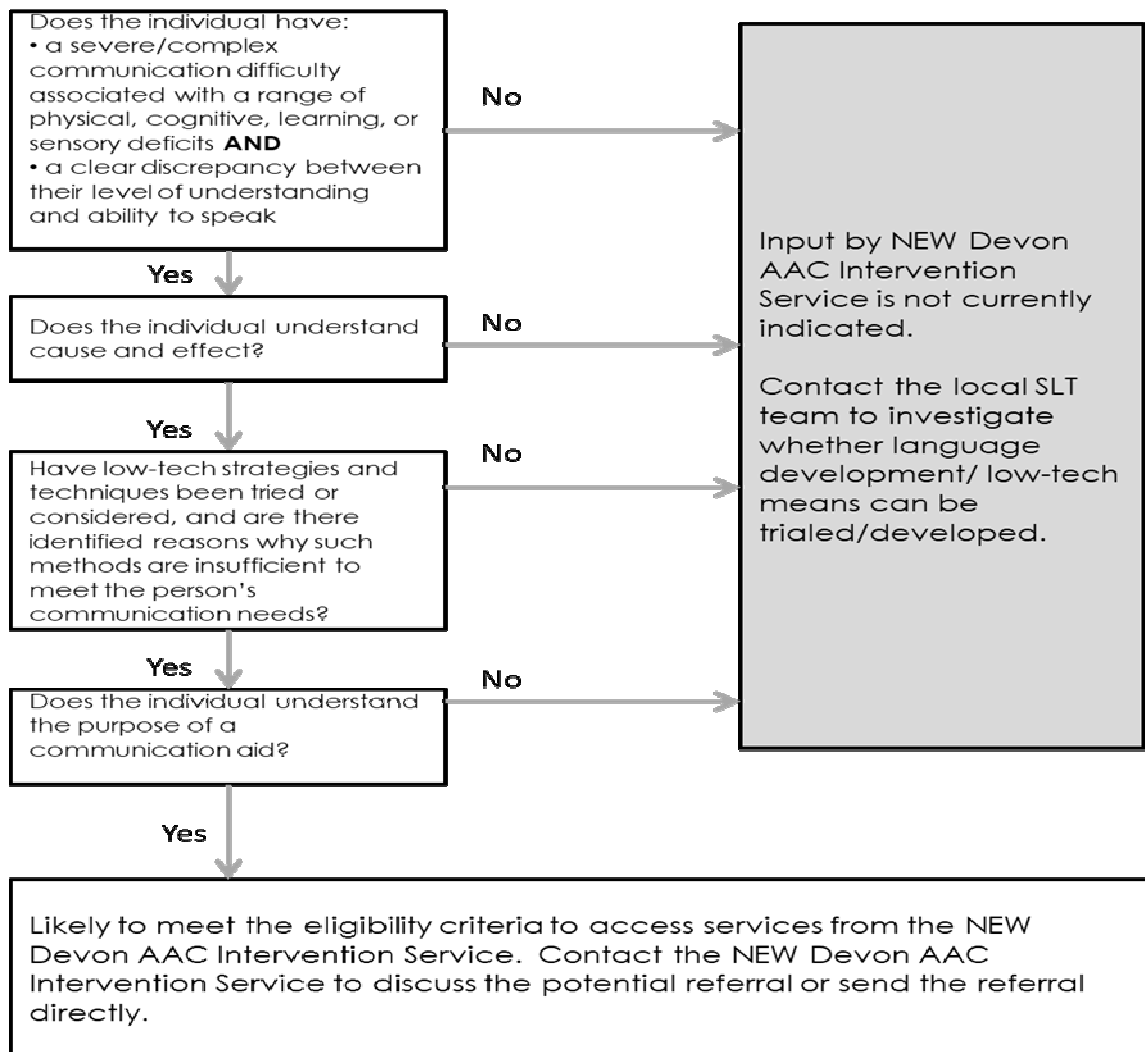
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NEW Devon AAC Intervention Service Guidance on referral criteria

START HERE



NOTE: Individuals with rapidly degenerative conditions can be referred before they meet all the criteria above. Decisions will be made on individual clinical circumstances.



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**NEW DEVON AAC INTERVENTION SERVICE
REFERRAL FORM**

NB: All referrals **must** have the **SIGNED** consent and permission of the
parent/guardian.

Referral forms will be returned if all sections are not completed.

Child's Details

Surname:
First name:
D.O.B.:
Sex: M/F (please circle)
Address: (including postcode)
NHS No.: (mandatory)
Parent/guardian name:
Relationship to child:
Daytime telephone no:
Address(es): (if different from above)
GP name and address: (mandatory)
School/nursery:
Ethnicity:

Is the child subject to child protection planning now or in the past? Yes / No (mandatory)
If YES, please give details as relevant:

REASON FOR REFERRAL:

Referrer's Details

Name:
Address:
Telephone: Email:
Job title:
Signature:
Date:

Registered Offices for the Devon & Exeter Spastics Society:



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INVOLVED PROFESSIONALS

Professional	Name	Contact details
Paediatrician		
Speech and Language Therapist		
SENCO		
School Keyworker		
Social Care		
Psychologist		
CAMHS		
Advisory Teacher		
Other		

1. Background Information

Background history and relevant developmental history.

Please include any medical diagnosis.



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Current and previous speech and language therapy input

Is the child currently receiving Speech and Language Therapy services from Integrated Children's Services (Children and Family Health)? Yes / No

Referrers are asked to consider whether dual SLT input at this time is clinically indicated before making a referral.

If you answered 'Yes', please provide the contact details for the speech and language therapist, details of when this episode of care began, and what areas are currently being targeted.

If you answered 'No', please provide details of any other current or previous speech and language therapy input:

2. Physical skills

Does the child have any physical difficulties (including fine and gross motor difficulties) which may impact their ability to access a voice output communication aid / tablet? – please describe.

What is the child's most reliable movement?

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3. Sensory skills

Does the child have any hearing difficulties? Please describe

Does the child have any visual difficulties? Please describe

4. Current Communication skills

Receptive (understanding) language skills

What is the level of the child's understanding of language (spoken or otherwise)? Please provide examples.

Does the child require support to understand language, and if so, what does this require?

At what level is the child able to follow conversation/follow instructions?

Any other information about receptive language skills? Please include formal/informal assessment findings.

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Expressive language skills

What is the child's current method of communication (e.g. verbal language, signing, gesture, low tech AAC, high tech AAC)?

High Tech AAC: What AAC device is the child currently using?

Please note any issues or difficulties in each area.

Device:

Access method:

Software and/or vocabulary package:

Low tech AAC: What low tech AAC does the child have access to and use?

Does the child demonstrate intentional communication? Please provide examples

Does the child initiate communication? That is, does the child spontaneously and independently communicate? Please provide examples.

For what purposes does the child communicate? Please provide examples



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How many words/symbols/signs does the child combine to form a message? Please provide examples.

Any other information about expressive language skills? Please include formal/informal assessment findings.

5. Communication needs

Describe the child's speech and language difficulties giving as much detail as possible

Please describe how the child's communication difficulties affect their ability to communicate in everyday situations. Please include examples from school and home.

Does the child have awareness that they have communication difficulties (e.g. changes in behaviour, frustration etc)? Please describe.

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How does the child's communication difficulties affect their ability to access the curriculum, engage in everyday activities?

Social/Emotional skills

Describe how the child interacts with adults and peers.

6. Parental Concerns

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7. Consent

Parental Consent:

I have parental responsibility and give my consent for this referral to the New Devon AAC Intervention Service. I understand that this may involve assessment, advice, reports and liaison with other professions, school or nursery as appropriate to support my child. I am aware that I can discuss any element with the NEW Devon AAC Service speech and language therapist at any time.

Print name:

Signature:

Date:

Relationship to child:

Email address – optional (this will not be shared with other agencies)

Recent Speech and Language report/ Communication Programme or other relevant reports attached?

YES NO

If 'no' please provide reason:

Please **complete ALL sections** of this referral form and mail it to:

Eleanor Spark
NEW Devon AAC Intervention Service
Vranch House
Pinhoe Rd
Exeter, EX4 8AD

OR

Email eleanor.spark@nhs.net

If you have any questions, please contact Eleanor Spark via email, or on 01392 468 558