

## Augmentative Communication Program (ACP) Consultation Planning Tool:

I'm interested in a consultation session reg ☐ Face-to-Face Communication ☐ Written Communication	arding:
Please use the following questions to prepare following information will help ACP consultayou.	
Client's age:	
Classroom Placement/Educational Setting/ Community Placement	Support Personnel Involved (Parents, EA, Resource Teachers, Home Support Workers, etc.)
Diagnosis(es) (Medical)	Mobility Issues/Equipment
Consultation Attendee(s)/Facilitators	Client's therapy supports: (e.g. SLP/OT)
1) Communication Abilities/Strength client currently communicate):	ns (How, what and with whom does this
what needs to be communicated/	vement :(Consider who, where, when, why, written):
Specific messages:	
Listeners:	
Environment/situations: Fax: (807) 622-3829 Rev: January 2007	Client File # Referral Made?

	Please answer the following questions	(where relevant):
$\Rightarrow$	What equipment is currently available for the clien	nt?
$\Rightarrow$	List additional equipment in the/strategies that ha success)?	ve been tried (with or without
$\Rightarrow$	Is there additional equipment in the classroom/ho settings that may be useful?	me/preschool/group home
$\Rightarrow$	Who is available to help implement suggestions/p	orogramming?
	What situations/leisure activities are favourites of	
	7) 622-3829 nuary 2007	Client File #

Fax: Rev: Referral Made? \_\_\_\_\_

⇒ When and where is your client most	motivated to communicate?
⇒ Are there sensory and/or motor issu	es for your client?
$\Rightarrow$ What do you hope to get out of the c	consultation?
$\Rightarrow$ What key questions do you wish to a	address?
Any Additional Comments:	
Fax: (807) 622-3829	Client

Fax: Rev: January 2007

File # \_\_\_\_\_ Referral Made? \_\_\_\_\_

Form Completed (Please print and state relationship to client)	Date form completed	
	Phone number	

## Please Send Form To:

Augmentative Communication Program
George Jeffrey Children's Centre
(807) 623-4381 ext. 6795
Toll free: 1-888-818-7330 ext. 6795
Fax – (807) 622-3829
kgoold@georgejeffrey.com
2 weeks prior to the consultation date

(document adapted from Augmentative Communication Service at Thames Valley Children's Centre with permission)