SURREY
COUNTY COUNCIL

ACCESS TO COMMUNICATION AND LEARNING

Access to Communication and Learning (ACL) Supplementary Request form for an AAC Assessment

Please **complete this form as fully** as possible.

Please **do attach** any other documents you feel may be relevant to this referral.

Communication Needs

1. Briefly describe the learner's main communication need – including understanding and expressive strategies for communicating (please include additional reports if appropriate).

2. How does the learner **demonstrate** the following? / How does the learner **communicate** the following? (Please describe)

    - Communicating 'yes' and 'no'
    - Providing information / directing others
    - Requesting
    - Repairing breakdown in communication

3. Does the learner use the following methods of communication?

    ☐ Facial expression

    Used for:

    ☐ Eye pointing / gaze

    Used for:

    ☐ Gesture

    Used for:

☐ Vocalisation / sounds

Used for:

☐ Speech

Used for:

☐ Spelling/text

Used for:

☐ Gesture and / or Signs (e.g. Makaton / BSL)

Used for:

☐ Symbols / photos (e.g. Widgit, PCS,)

Used for:

4. In a typical day, how and when are symbols or visuals used? Approximately how many?

Current use of electronic AAC

Please detail any current electronic AAC systems the learner is using – both hardware and software **How** is it accessed? (e.g. direct touch, switch, eyegaze)

Have any other electronic AAC devices been tried in the past? Please give details.

Interests

What does the learner like / dislike?

Physical & Sensory Needs

Hearing

Does the learner have a hearing impairment? Yes/No

Is a hearing aid worn?

- ☐ Left ear
- ☐ Right ear
- ☐ Both ears
- ☐ No

Vision

Does the learner have any known visual difficulties? If yes, please give details.

Does the learner wear glasses? Yes/No

Seating, positioning and mobility

Does the learner have any special seating in place? Yes/No

Please give details:

Does the learner have any mobility issues? Yes/No

Is there any other information you feel we should know?

Are there any other professionals involved with the learner? **(Please add as needed)**

Name:

Contact details:

Name:

Contact details:

Please ensure that all referrals are sent via secure email to:

Business Support: pssbs@surreycc.gov.uk