

Please follow the link for full details of SCAMP and Mini SCAMP Clinics before completing this form. <http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16344>

**Instructions:**

You can either print this form for completion and post it to the address at the foot of the page or save this form on your computer, type the required information in the grey boxes and, if you are emailing from an nhs.net account, you can securely e-mail it to: [SC-TR.enquirieschcs@nhs.net](mailto:SC-TR.enquirieschcs@nhs.net)

| Client Details  |                     |
|---|---------------------|
| Surname: _____ First Name: _____  |                     |
| D.O.B: _____ Male: <input type="checkbox"/> Female: <input type="checkbox"/>  |                     |
| Address: _____  |                     |
| Post Code: _____  |                     |
| ☎: _____  |                     |
| Is English the client's first language? Yes <input type="checkbox"/> No <input type="checkbox"/>  |                     |
| If no what language/s are spoken? _____   |                     |
| Referrer Details  | Medical Information |
| Name: _____   | GP: _____           |
| Position: _____   | Address: _____      |
| Address: _____  |                     |
| ☎: _____  | ☎: _____            |
| ✉ _____   | ✉ _____             |
| Reason/s for Referral   |                     |
| Please specify the reason/s for referral (select one or more if appropriate):   |                     |
| Communication <input type="checkbox"/> <b>Please complete Appendix 1 if a communication clinic is required</b>  |                     |
| Potential to use powered mobility <input type="checkbox"/>  |                     |
| Access (control of a computer, communication aid or powered wheelchair) e.g using switches, joysticks or specialist controls <input type="checkbox"/> |                     |
| Other (please specify) <input type="checkbox"/>   |                     |
| Please state/explain your expectations and reasons for referral to this clinic  |                     |

Also please specify if you have anything in particular that you would like to try during the course of the assessment e.g a special type of switch

Is a posture assessment required for this client? Yes  No  **If unsure please contact us**

### Medical Details

Please state the client's primary diagnosis:

Does the client have any cognitive or behavioural issues that may impact on the assessment? (E.g motivation, memory, skill learning etc) Please give examples.

Any visual problems?

Any hearing problems?

Any tissue trauma/pain issues?

### Posture

Briefly describe the client's posture and any changes in movement, quality of movement and/or tone:

#### Upper limb

Does the client have voluntary upper limb control?

Is this movement gross or fine?

#### Head

Does the client have voluntary head control?

#### Lower Limb

Is the client ambulant?

Does the client have voluntary lower limb control?

Are you awaiting any equipment that may affect the assessment e.g. seating system or spinal jacket that may be used to support functional activities assessed during the course of this clinic?

| <b>Current Equipment – Please provide as much information as possible</b> |                         |  |
|---|-------------------------|--|
|   | <b>Name/Description</b> | <b>When is this equipment used and any issues identified</b>   |
| Wheelchairs<br>e.g. powered or manual                                     |                         |  |
| Seating Systems<br>e.g. CAPS  |                         |  |
| Static Seating  |                         |  |
| Other Chairs  |                         |  |
| Standing Support  |                         |  |
| Orthotic Splint<br>e.g. AFO's,<br>TLSO's, arm<br>supports                 |                         |  |
| Other   |                         |  |
| <b>Electronic Assistive Technology - Current and Previous</b>             |                         |  |
|   | <b>Name/Description</b> | <b>When is the equipment used and any issues identified. Provide details of access methods (e.g. switch, joystick, touchscreen eyegaze) and programs</b> |
| <i>Environmental controls</i>   |                         |  |
| <i>Computer</i>   |                         |  |
| <i>Communication aid</i>  |                         |  |
| <i>Switch toy</i>   |                         |  |
| <i>Powered mobility</i>   |                         |  |

| Interests and Activities  |   |
|---|---|
| <p>Please indicate any activities that motivate the client e.g. TV characters/music/toys/computer programmes or games.</p> <p>Are there any activities that should be avoided e.g. sudden noises/flashing light etc....</p>   |   |
| Details of Professionals Involved   |   |
| <p><b>Speech &amp; Language Therapist:</b><br/>Name:<br/>Address:</p> <p>:<br/></p>   | <p><b>Occupational Therapist:</b><br/>Name:<br/>Address:</p> <p>:<br/></p>                                  |
| <p><b>Physiotherapist:</b><br/>Name:<br/>Address:</p> <p>:<br/></p>   | <p><b>Wheelchair Service:</b><br/>Name:<br/>Address:</p> <p>:<br/></p>                                      |
| <p><b>Other professionals involved if relevant e.g. Teacher, GP etc...</b><br/>Name &amp; Title:<br/>Address:</p> <p>:<br/></p> | <p><b>Other professionals involved (continued)</b><br/>Name &amp; Title:<br/>Address:</p> <p>:<br/></p> |
| Next of Kin   |   |
| <p>Name:<br/>Relationship:<br/>Address:</p> <p>:<br/></p> <p>Aware of the referral?</p>   |   |
| Referrer  |   |
| <p>Signature: <input style="width: 150px;" type="text"/></p> <p style="text-align: right;">Date: <input style="width: 150px;" type="text"/></p>   |   |

**Please note:**

- SCAMP clinics are assessment only clinics and therefore any equipment recommended will require funding. We will however provide you with the relevant information on the funding resources available.
- On receiving this information we will decide on the length of the clinic as the length of the assessments vary from half a day to two and a half days based on the information you have provided and your requirements.

Once completed, please post this form to the SCAMP clinic coordinator at CC, address at the foot of the page, or email it securely (if from an nhs.net account) to the email address at the top of the page.

If you have any questions, please contact the SCAMP clinic coordinator 01825 722112.

## Appendix 1

| Communication  |  |                              |         |
|--|--|------------------------------|---------|
| <b>Speech and language formal/informal assessments</b>   | Please provide the following information and submit the reports from any formal/informal assessments if available: |                              |         |
|  | Date   | Type of Test                 | Results |
|  | 1.   |                              |         |
|  | 2.   |                              |         |
|  | 3.   |                              |         |
| 4.   |  |                              |         |
| How does the client communicate a reliable "Yes" and "No"?<br><br>If not reliable please state   |  |                              |         |
| Please indicate which methods of communication are used. Please make reference to speech, body language, facial expression, gesture, eye pointing, vocalisation, writing, symbols, picture, photographs and drawing objects as appropriate.  |  |                              |         |
|  |  | Please describe "how" below: |         |
| Gain attention   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |                              |         |
| Express wants/needs  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |                              |         |
| Make choices   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |                              |         |
| Refuse/decline   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |                              |         |
| Protest/resist   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |                              |         |
| Ask questions  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |                              |         |
| Provide information  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |                              |         |
| Repair conversation  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |                              |         |
| Is signing used?   | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If "Yes", which sign language is used?                 |                              |         |
| <input type="checkbox"/> Shows an awareness of contrasting quantities (for example, 'one' and 'lots')<br><input type="checkbox"/> Understands one-one correspondence (for example, matching cups to saucers)<br><input type="checkbox"/> Demonstrates an understanding of 'more' (for example, more cups are needed)<br><input type="checkbox"/> Demonstrates an understanding of 'less' (for example, which bottle has less water)<br><input type="checkbox"/> Picks out described shapes from a collection<br><input type="checkbox"/> Recognises differences in quantity (for example, which group as more or less) |  |                              |         |
| <input type="checkbox"/> Engages in joint attention with adult (for example, songs, stories, games)<br><input type="checkbox"/> Shows an interest In books and stories with adults<br><input type="checkbox"/> Understands how books work  |  |                              |         |

- Shows an interest in looking at books
- Associates pictures with spoken word when being read to
- Realises text conveys meaning
- Recognises connection between spoken words and specific text when read to

**Comprehension** (please tick all that apply):

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Reacts to a range of people, familiar and unfamiliar</li> <li><input type="checkbox"/> Reacts when sees familiar objects</li> <li><input type="checkbox"/> Reacts when people speak</li> <li><input type="checkbox"/> Shows an anticipation of a familiar activity or event</li> <li><input type="checkbox"/> Reacts to new experiences and activities</li> <li><input type="checkbox"/> Reacts to own name</li> <li><input type="checkbox"/> Demonstrates understanding of names of familiar or motivating objects or activities</li> <li><input type="checkbox"/> Demonstrates understanding of names of familiar people</li> <li><input type="checkbox"/> Shares an activity with someone else</li> <li><input type="checkbox"/> Understands what they do has an impact</li> <li><input type="checkbox"/> Demonstrates an awareness of others</li> <li><input type="checkbox"/> Reacts to changes in tone of voice, facial expression and body language</li> <li><input type="checkbox"/> Tracks sounds or visually interesting objects</li> <li><input type="checkbox"/> Recognises some objects</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Recognises some photos</li> <li><input type="checkbox"/> Recognises some pictures</li> <li><input type="checkbox"/> Recognises some symbols</li> <li><input type="checkbox"/> Can sort objects into categories</li> <li><input type="checkbox"/> Can sort symbols into categories</li> <li><input type="checkbox"/> Can point or look to tell or label, for example 'Where's the dog?'</li> <li><input type="checkbox"/> Can match symbol/picture to picture/symbol</li> <li><input type="checkbox"/> Can match object to symbol or picture</li> <li><input type="checkbox"/> Demonstrates understanding of cause and effect</li> <li><input type="checkbox"/> Recognises some signs</li> </ul> |
|---|---|

Is the child or young person able to:  
 Understand sentences with 2 information carrying words, for example "Where is the boy's hat?"  
 (Choices required for underlined words)  
**If applicable, please give an example:**

Understand sentences with 3 information carrying words, for example "Where is the boy's red hat?"  
 (Choices required for underlined words)  
**If applicable, please give an example:**

Understands some prepositions  
**If applicable, please give an example:**

Understands some negatives  
**If applicable, please give an example:**

Understands some questions  
**If applicable, please give an example:**

Please summarise how the child or young person demonstrates the skills listed in Section 6.3. For example, summarise an activity where you are confident the child or young person understands the meaning of the language used.

- **Do they rely on this being a regular event or do they understand the language in a new activity?**
- **How much support do they need from signs or objects or pictures or symbols; do they understand the signs or objects or pictures or symbols when you do not say the word when showing the objects or pictures or symbols?**
- **How do you know that they understand the language or the representation of (object, picture or symbol)?**
- **Does the child or young person demonstrate their understanding with facial expression, gesture, body language, yes or no response, pointing, eye-pointing?**
- **Which sign and which symbol system does the child understand?**

Summary of client's abilities and concerns related to understanding of language:

**Current and previous experience of using low and high tech AAC**

Please give details **and** evaluation of resources that have been used in the past and are currently in use for the child or young person.  
 (Please complete all that apply):

| <b>Resource</b><br>(specify what/where used/what for)       | <b>Used Previously</b> | <b>Summarise how this is being used currently</b> |
|---|------------------------|---|
| None  |                        |   |
| Paper or low tech communication book/boards/activity sheets |                        |   |
| Low tech writing aids                                       |                        |   |
| Computer/laptop/tablet                                      |                        |   |
| Light tech digital speech output (e.g. Go Talk)             |                        |   |
| Speech recognition (for computer software)                  |                        |   |

|   |  |  |
|---|--|--|
| Hi-Tech Augmentative and Alternative Communication system                                 |  |  |
| Free iPad/tablet based resources that are non-customisable                                |  |  |
| Other iPad/tablet based resources that have been customised for the child or young person |  |  |
| Word prediction   |  |  |
| Curriculum software relevant to request need (e.g. Clicker or Chooselt!)                  |  |  |
| Alternative access (e.g. joystick adapted mouse or switches)                              |  |  |