



## Calgary Apraxia AAC Award Package Letter

Dear Applicant,

We at Calgary Apraxia are pleased to offer the following awards to individuals affected by Childhood Apraxia of Speech (CAS):

- **Calgary Apraxia AAC Award** (up to \$1,500)
- **Two Calgary Apraxia Therapy Scholarships** (\$1,000 each)

Calgary Apraxia is a charity organization dedicated to supporting, empowering, and connecting families impacted by CAS through programming, awareness campaigns, resources, and community efforts. Our goal is to enrich the lives of children with CAS by fostering a safe and welcoming environment.

Starting in 2016, Calgary Apraxia ran designated summer camps for children with CAS. This then evolved into small events throughout the year and has slowly grown. In 2024, we started 'Step Up for Apraxia' which resulted in these annual scholarships and awards.

These scholarships and awards are part of our commitment to assist families in our community. We recognize that the costs of necessary therapy for children with CAS can be significant and ongoing.

We will continue to seek ways to support and connect with families affected by CAS. Please follow us on social media and visit our website for more information and updates on future events.

Best regards,

Calgary Apraxia Board



# Calgary Apraxia AAC Award

## Terms of Reference

### Overview

The Calgary Apraxia AAC Award is established to provide an Alternative Augmentative Communication (AAC) device and communication app, to a child who has been formally diagnosed with Apraxia and would benefit from this type of communication support. This award aims to alleviate the financial burden of purchasing such a device and provide a child and family with the access to communication when the child is still minimally verbal.

### Award Details

- **Award Amount:** up to \$1,500 per family
- **Number of Awards:** One award annually
- **Purpose:** To provide an AAC device & communication app for children diagnosed with Apraxia
- **Application Period:** October 1 to November 1 each year
- **Award Announcement:** November 30 each year

### Eligibility Criteria

- The applicant must be a family with a child who has a formal diagnosis of Apraxia.
- The child must have an SLP that is willing and able to support the training and use of an AAC device.
- The recommendation must be made in writing by the child's SLP.
- Open to children aged 1 to 18 years of age.

### Application Process

Applicants must complete the following steps to be considered for the award:

1. **Online Application Form:** Complete the online fillable application form available on the Calgary Apraxia website during the application period.
2. **Letter from the child's Speech Language Pathologist:** Submit a letter from the child's SLP outlining the child's medical diagnosis of Apraxia, recommendation for an AAC device and a recommendation for a particular communication application (i.e. Touch Chat, LAMP). The letter must include the SLP's credentials and contact information. The letter must also include the SLP's willingness to support the child and family with programming and use of the device.

3. **Submit Application:** Gather all documents and send in ONE email to [info@calgaryapraxia.ca](mailto:info@calgaryapraxia.ca)

### **Selection Process**

- Applications will be reviewed by a committee appointed by Calgary Apraxia.

### **Award Disbursement**

- Recipients will be notified of their award status by November 30 each year.
- The device and application will be purchased by Calgary Apraxia and given to the family.

### **Terms and Conditions**

- The AAC device & app must be used for the purposes outlined in the application.
- Misuse of the award or false information provided in the application will result in forfeiture of the award and potential legal action.
- A child can only receive this award once.
- Members of the Calgary Apraxia Board of Directors are not allowed to receive this award.
- Recipients of this award agree to have their name publicly announced.
- Calgary Apraxia is not responsible for training, programming, updating or repairing the device.

### **Contact Information**

For any inquiries regarding the award application process, please contact:

Calgary Apraxia

Email: [info@calgaryapraxia.ca](mailto:info@calgaryapraxia.ca)

Website: [www.calgaryapraxia.ca](http://www.calgaryapraxia.ca)

Charitable registration number: 79462 3942 RR0001

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By submitting an application, families agree to the terms and conditions outlined above. Calgary Apraxia is committed to supporting families in need and ensuring the fair and transparent distribution of award funds.



## Calgary Apraxia AAC Award Application Form

<b>Child Information</b>	
Child's Name:	
Child's DOB (DD/MM/YY):	
Address:	
Primary contact: <input type="checkbox"/> Parent <input type="checkbox"/> Caregiver	Relationship to child:
Name of primary contact:	
Email of primary contact:	
Phone number of primary contact:	
Preferred method of contact <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	
Child primary diagnosis:	
Environments where a device would be used: <input type="checkbox"/> Home with support <input type="checkbox"/> Home alone <input type="checkbox"/> School/work <input type="checkbox"/> Facility (24 hour care) <input type="checkbox"/> Other (explain)	
For children who work or attend school, please indicate one of the following: <input type="checkbox"/> Home full-time <input type="checkbox"/> Attends school <input type="checkbox"/> Online school <input type="checkbox"/> Home school <input type="checkbox"/> Other	
If child is in a <b>facility or school</b> please provide full name. (If in school also include grade and name of any specialized programming)	
<b>Child's abilities</b> - filled out by SLP	
Functional communication	

What is the child's verbal intelligibility (connected speech/rate)?	<input type="checkbox"/> <30% <input type="checkbox"/> 30-50% <input type="checkbox"/> 50-70% <input type="checkbox"/> 70-100%
Does the child currently have a communication aid/tool in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the child's communication methods, low tech and/or high-tech system:	
How will the child's communication abilities improve with a speech generating communication device compared to using no/low tech tools/strategies?	

<b>Eligibility criteria</b>	
Child has a diagnosis of Childhood Apraxia of Speech (CAS)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child is currently working with an SLP	<input type="checkbox"/> Yes <input type="checkbox"/> No
SLP agrees to support the child & family with programming & use of the device	<input type="checkbox"/> Yes <input type="checkbox"/> No
AAC has been recommended by the child's SLP (letter required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child is able to use a low-tech augmentative/alternative communication system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child makes choices between preferred & non-preferred items/activities 80% of the time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child has sufficient level of alertness to participate in communication interactions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child can use at least 10 picture symbols to communicate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child communicates for at least 3 different reasons (e.g. greet, request, comment, protest)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child consistently follows one step directions	<input type="checkbox"/> Yes <input type="checkbox"/> No
App recommended by the child's SLP:	
<input type="checkbox"/> Touch Chat <input type="checkbox"/> LAMP <input type="checkbox"/> Proloquo2Go <input type="checkbox"/> Snap Core + <input type="checkbox"/> Tobii <input type="checkbox"/> Dynavox <input type="checkbox"/> Other:	