*Adapted from North Bristol NHS Trust*

**BRISC BOOK 2 : AGE 4 – 5 YEARS**

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| Child’s Name |  | Completed by |  |
| Date of birth  |  | Job Title  |  |
| Age |  | Setting |  |
| NHS Number |  | Date |  |

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| **Information Gathering** | **Notes / Examples** |
| Give examples of how your child puts words together to make simple sentences? Do they make sense? Give examples of any words missing from their sentences or unusual word order. Do they ever just echo back what you have said to them instead of answering you? |  |
| Describe how they respond to more complicated suggestions or instructions, e.g. ‘get the doll with the hat on’, ‘which car has got (two) broken wheels?’ If not, do they understand simpler ones e.g. ‘find the big car?’ |  |
| If you concerned about their sounds, **complete a speech sound checklist** |  |
| If there is a stammer, describe it, e.g. how often do they stammer (does it come and go, or is it all the time?)When did you first notice this? How does your child respond to the stammer? e.g. gets upset or frustrated, goes quiet, appears unaware.Who else in the family has a stammer? |  |
| **Prior to Referral** |  |
| What has been tried to support your child so far?Please attach any completed WellComm Score Sheets.If child has an SEN Support Plan, please attach the latest. |  |

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| **Please highlight your concerns below to work out whether to refer** |
| **REFER** to Speech and Language Therapy if:* Communication breaks down due to sentences being inappropriate, echoed or repetitive
* There is atypical word order or word finding difficulty
* Is mainly using short sentences (up to 4 words)\*
* Does not appear to understand more complex instructions (eg. 2 part instructions)\*
* Is unable to have a meaningful conversation because he only seems to follow his own line of thought
* Is mainly unintelligible to you. He has some of the following difficulties:
	+ Lack of all fricative sounds (*f, v, s, z, sh*)
	+ Final sounds in words are omitted
	+ Sounds *t, d, c/k, g* used in the wrong places
* There is evidence of early stammering. and the parents are concerned or there is family history
 | **MONITOR AND PROVIDE INPUT** (and refer to advice on our website)if:* Utterances are appropriate and at least 5-6 words long but vocabulary maybe limited and grammar may be immature. Small words such as ‘the’ and ‘to’ may be omitted\*
* Short conversations are possible and there are no concerns about comprehension of classroom instructions\*
* Some fricative sounds (*f, v, s, z, sh*) are used but not always in the correct position
* Double consonant blends are not used, eg. sp, bl, sw
* Is intelligible most but not all of the time to you
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*Where the child is exposed to more than one language, the \*items are likely to be delayed in the second language or any additional languages* ***Speak to SLT before referral***

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| **What is your biggest concern for your child right now?** |
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*Adapted from North Bristol NHS Trust*

**BRISC BOOK 2 : AGE 5- 6 YEARS**

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| Child’s Name |  | Completed by |  |
| Date of birth  |  | Job Title  |  |
| Age |  | Setting |  |
| NHS Number |  | Date |  |

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| **Information Gathering** | **Notes / Examples** |
| When your child recounts something they have done, give examples of the difficulties you notice e.g. incomplete sentences, incorrect order of words in sentences, or they don’t make sense? |  |
| Describe any difficulties they have in conversations andwhen responding to questions about a story or event. Can they understand better when longer instructions are made simpler or repeated with or without pauses? |  |
| If you concerned about their sounds, **complete a speech sound checklist** |  |
| If there is a stammer, describe it, e.g. how often do they stammer (does it come and go or is it all the time?)When did you first notice this? How does your child respond to the stammer? e.g. gets upset or frustrated, goes quiet, appears unaware.Who else in the family has a stammer? |  |
| **Prior to Referral** |  |
| What has been tried to support your child so far?Please attach any completed WellComm Score Sheets.If child has an SEN Support Plan, please attach the latest. |  |

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| **Please highlight your concerns below to work out whether to refer** |
| **REFER** to Speech and Language Therapy if:* Communication breaks down due to sentences being inappropriate, echoed or repetitive
* There is atypical word order or word finding difficulty
* Is unable to have a meaningful conversation because they only seem to follow their own line of thought or can’t sequence their ideas.
* Does not appear to understand more complex instructions (eg. 2-3 part instructions) and struggles to understand everyday concepts relating to time, space or size\*
* Is mainly unintelligible to you.
* The sounds t, d, c/k, g ,f, s, sh are not yet used correctly in words
* There is evidence of early stammering and the parents are concerned or there is family history
 | **MONITOR AND PROVIDE INPUT** (and refer to advice on our website)if: * Limited evidence of longer sentences containing connectives such as ‘and’ and ‘because’
* Has difficulty understanding instructions in class
* Some grammatical features are still not present (e.g. correct past tense, plurals)
* The sounds ch, j, r, th, y are not accurate.
* Double and triple consonant blends are not used, eg. sp, bl, sw
* Is intelligible most but not all of the time to you
* Limited vocabulary
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*Where the child is exposed to more than one language, the \*items are likely to be delayed in the second language or any additional languages* ***Speak to SLT before referral***

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| **What is your biggest concern for your child right now?** |
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*Adapted from North Bristol NHS Trust*

**BRISC BOOK 2 : AGE 6-7 YEARS**

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| Child’s Name |  | Completed by |  |
| Date of birth  |  | Job Title  |  |
| Age |  | Setting |  |
| NHS Number |  | Date |  |

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| **Information Gathering** | **Notes / Examples** |
| When your child recounts something they have done, give examples of the difficulties you notice e.g. incomplete sentences, incorrect order of words in sentences, or they don’t make sense? |  |
| Describe any difficulties they have in conversations andwhen responding to questions about a story or event. Do they understand better when longer instructions are made simpler or repeated with or without pauses? |  |
| If you concerned about their sounds, **complete a speech sound checklist** |  |
| If there is a stammer, describe it, e.g. how often do they stammer (does it come and go or is it all the time?)When did you first notice this? How does your child respond to the stammer? e.g. gets upset or frustrated, goes quiet, appears unaware.Who else in the family has a stammer? |  |
| **Prior to Referral** |  |
| What has been tried to support your child so far?Please attach any completed WellComm Score Sheets.If child has an SEN Support Plan, please attach the latest. |  |

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| **Please highlight your concerns below to work out whether to refer** |
| **REFER** to Speech and Language Therapy if: * Communication breaks down due to sentences being inappropriate, echoed or repetitive
* There is atypical word order or word finding difficulty
* Is unable to have a meaningful conversation because child struggles to understand what others say or can’t sequence their ideas.
* Does not appear to understand more complex instructions (e.g. 3 part instructions) and is struggling to understand everyday concepts e.g. relating to space (e.g. first-next-last), time (e.g. today-yesterday-tomorrow), size (comparatives e.g. bigger-biggest).\*
* Lots of grammatical features are still not present (e.g regular past tense/plurals)
* Some single sounds (e.g. k, g, f, s, sh, ch, j) are not consistently in place causing intelligibility problems.
* No double consonant clusters are used correctly.
* There is evidence of early stammering and the parents are concerned or there is family history
 | **MONITOR AND PROVIDE INPUT** (and refer to advice on our website for advice)if:* Lisping (e.g. says th for s). Only refer in child/parent extremely concerned and this is affecting child.
* Individual way of articulating some sounds e.g. substitutes ‘r’ with ‘w’ or ‘th’ with f/v.
* Some double and triple consonant blends are not used, eg. sp, bl, sw
* Little evidence of longer sentences containing connectives such as ‘and’ and ‘because’
* Has difficulty understanding sequence of instructions in class
* Limited knowledge of vocabulary
* Later developing grammatical markers not present e.g. irregular past tense/plurals
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*Where the child is exposed to more than one language, the \*items are likely to be delayed in the second language or any additional languages* ***Speak to SLT before referral***

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| **What is your biggest concern for your child right now?** |
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