*Adapted from North Bristol NHS Trust*

**BRISC BOOK 3 : AGE 7 - 8 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** |
| Describe any difficulties they have in conversations andwhen describing a story or event e.g. incorrect order of words in sentences, basic vocabulary, incomplete sentences, or they don’t make sense? Is there a clear structure containing a problem and solution?  |  |
| Describe any difficulties they have understanding something said to them e.g. stay silent, give unexpected or irrelevant responses. Can they explain when they haven’t understood something? Describe how they respond to complex instructions with several parts. Do they understand better when these are simplified 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 the child so far?If there is 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: * There is atypical word order or word finding difficulty.
* Has difficulty asking more complex questions e.g ‘how…’, ‘why…’
* There is little evidence of longer sentences containing connectives such as ‘because’
* Does not appear to understand more complex instructions (eg. 3 part instructions)\*
* Finds it hard to predict what is likely to happen in a story, understand cause and effect and how characters are likely to feel.
* Struggles to sequence their ideas to form a coherent narrative.
* No triple consonant blends are used e.g. spl, str. Child mumbles and is very hard to understand in a variety of situations.
* 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: * Lisping (e.g. says th for s) or struggles to say r (replaces with w) or th (replaces with f/v). Only refer in child/parent extremely concerned, and this is affecting child.
* Has difficulty understanding sequence of instructions in class
* Some grammatical features are still not present (e.g. irregular past tense or plurals)
* Speaks in short sentences, uses limited vocabulary with few descriptive words\*
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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 3 : AGE 8 - 9 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** |
| Can your child join in a discussion using topic vocabulary?When your child tells a story is there a clear structure containing a problem and solution?Can your child use complex grammar and sentences effectively to communicate in different ways to clarify, summarise, explain choices and plan? |  |
| Can your child explain when they haven’t understood and be specific about what additional information they need? Is your child able to listen to information, work out which elements are key and make relevant, related comments?  |  |
| 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 the child so far?If there is 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: * Uses atypical word order or word finding difficulty.
* Uses a limited range of verbs to express their thoughts or explain cause and effect.
* There is little evidence of longer sentences containing connectives such as ‘because’.
* Several grammatical features are still not present (e.g. verb tenses, plurals).
* Cannot retell stories and events with a clear structure and give clear explanations.
* Has difficulty understanding sequence of instructions in class.
* Have difficulty in keeping a conversation going with a range of people because can’t understand what said or articulate ideas clearly.
* No triple consonant blends are used e.g. spl, str.
* 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: * Lisping (e.g. th for s) or struggles to say r (replaces with w) or th (replaces with f/v). Only refer if child or parent extremely concerned, and this is affecting child.
* Uses many grammatical markers but continues to struggle with later developing ones (e.g. irregular past tense/plurals
* They find it hard to infer meanings, reasons and make predictions in classroom learning.
* Have difficulty understanding a range of words related to time and measurement.
* Has little understanding that they need to use different styles of talk with different people, e.g. when they are talking to friends or to a teacher because of receptive/expressive language difficulties.
* Cannot use complex grammar and sentences to summarise, explain and plan.
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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 3 : AGE 9 - 10 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** |
| Does your child use complex sentence structures with 7 to 10 words? Does your child use complex joining words (e.g. meanwhile, therefore)? Does your child have a wide/varied vocabulary? Can your child tell elaborate stories with detailed descriptions? |  |
| Does your child follow long instructions that are not familiar?  |  |
| 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 the child so far?If there is 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 * There is atypical word order or word finding difficulty.
* Speaks in short sentences with few connectives.
* Can’t keep conversations going with a range of people in different situations by making relevant comments or by asking questions because of difficulties understanding language used/constructing responses.
* Cannot follow longer, unfamiliar instructions\*
* Has difficulty understanding sequence of instructions in class. Needs continual reminders of what to do next.
* Struggles to use language for a range of different reasons, e.g. complementing or criticising, clarifying or negotiating.
* Cannot retell stories or events clearly. Finds it hard to sequence ideas and provide detail.
* There is evidence of early stammering and the parents are concerned or there is family history
 | **MONITOR** (and refer to advice on our website)if: * Lisping (e.g. says th for s) or struggles to say r (replaces with w) or th (replaces with f/v). Only refer if child or parent extremely concerned, and this is affecting child.
* Does not understand simple jokes and idioms and has difficulty inferring hidden meanings in texts.
* Uses a limited vocabulary and not aware that words can have more than one meaning.
* Not aware when sentences are ungrammatical
* Does not use different language depending on who they are with e.g. formal/informal because or expressive/receptive language difficulties.
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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 3 : AGE 10 - 11 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** |
| Does your child use complex sentence structures with 7 to 10 words? Does your child use complex joining words (e.g. meanwhile, therefore)? Does your child have a wide/varied vocabulary? Can your child tell elaborate stories with detailed descriptions? |  |
| Does your child follow long instructions that are not familiar?  |  |
| 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 the child so far?If there is 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: * There is atypical word order or word finding difficulty.
* Speaks in short sentences with few connectives
* Can’t keep conversations going with a range of people in different situations by making relevant comments or asking questions because of difficulties understanding language used/constructing responses.
* Cannot follow longer unfamiliar instructions. \*
* Has difficulty understanding sequence of instructions in class and needs continual reminders of what to do next
* Struggles to use language for a range of different reasons, e.g. complementing or criticising, clarifying or negotiating.
* Cannot retell stories or events clearly. Finds it hard to sequence ideas and provide detail.
* There is evidence of early stammering and the parents are concerned or there is family history
 | **MONITOR** (and refer to advice on our website)if:* Lisping (e.g. says th for s) or struggles to say r (replaces with w) or th (replaces with f/v). Only refer in child/parent extremely concerned, and this is affecting child.
* Does not understand simple jokes and idioms and has difficulty inferring hidden meaning in texts
* Uses a limited vocabulary and not aware that words can have more than one meaning.
* Not aware when sentences are ungrammatical
* Does not use different language depending on who they are with e.g. formal/informal
 |

*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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