Community Children's Health Partnership

North Bristol NHS Trust

The Bristol Surveillance of Children's Communication

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CONTENTS

Introduction

The Bristol Surveillance of Children's Communication (BRISC) is designed to help health professionals and education staff identify those children for whom referral to a speech and language therapist is appropriate and desirable.

It consists of 'criteria for referral' sheets which cover nine age groups from 12 months to 7 years, a colour picture to help identify use of speech sounds, and a sheet for recording these sounds. Information is also provided about communication and how it sometimes breaks down. There is also a section on bilingualism.

The format of this surveillance pack enables early identification to be an ongoing process rather than a fixed, prescriptive screening test. It allows the user to be flexible over toys and materials used. It also focuses as much on the parent's views as on the child's apparent levels and abilities as observed by the professional.

We hope that BRISC continues to be a useful tool for identifying the right children.

Throughout BRISC, 'parent' is used to refer to the child's primary carer. 'He' is used for both 'he' and 'she' and should be altered accordingly in discussion with parents. Referrals to the Speech and Language Therapy Service should include a copy of the surveillance sheet, and the record of speech sound production, if used.

Guidelines on Communication and Surveillance

Communication is context sensitive

From very early on, the language and communication we use is influenced by our perception of the situation we are in. Therefore if the screening of a child is to be carried out in the clinic, it must be remembered that a child may see this as frightening, boring, or adult orientated. Even at home or in a nursery situation where the child is relaxed, an unfamiliar adult can make the situation unusual. This may lead to the child speaking less than usual, using simpler sentences, or not listening so well to you or his parents. He may also talk more quietly making him difficult to understand.

Communication is a complex skill

Any sampling or screening procedure will, of course, only look at a small percentage of a child's communication abilities. It is always difficult to be sure one has a representative sample and also looked at all the appropriate areas of communication. It is therefore very wise to gain as much information from the parents or carers as possible. Parents are often right about whether there is cause for concern. The main areas of communication which need to be explored are comprehension, expression and interaction. Attention is also an important aspect, and in the younger child symbolic development needs to be investigated through play. Fluency and quality of voice are also part of the communication spectrum. In homes where English is an additional language, the child's skills in their home language are important, and this might require the services of an interpreter.

Practical Guidance

The following **guidelines** may help to produce a successful surveillance session:

Environment

- **Child-friendly** – the younger child will be more relaxed at home. Getting down on the floor and being at the child's level is important.
- **Quiet** – it will be easier to get a good picture of the child's skills in a quiet environment whether this is at home, or at nursery or school.

Equipment

Have a **range** of materials available appropriate for different ages. Toys which engage a child's attention (e.g., pop-up toys, wind-up toys, toys which produce a surprise) can be useful in initially gaining the child's co-operation and for looking at cause and effect. Pictures of current TV characters can also be useful. For symbolic play, large dolls, soft toys, tea set and pretend food are suitable for the younger children. Doll's house figures and accessories, farm sets and Playmobil sets are better for the older child.

A selection of books is useful. Simple, single picture books, open-the-flap books (Where's Spot? is particularly good) and simple story books are valuable for younger children. Busy pictures with plenty to talk about are better for older children.

Strategies

- With younger children, consider asking the parent/carer to play with their child at least to begin with, while you observe. This may help the less confident child to get used to the situation. It also allows you to observe the child in their most usual communication context.

- Try to allow sufficient time for the session so that you do not feel rushed.

- Try not to pressurise the child into speaking. The use of too many questions can have this effect. Instead of questions, make a simple commentary on what is happening, use exclamations ('Oh look!' 'There it goes!') and non-threatening comments/queries, e.g., 'I wonder where it's gone'. This last type of query may produce an answer or non-verbal response but if not, it is quite natural to reply to it yourself or to leave a silence. Remember that children who are experiencing difficulty with language need much longer to form a response than other children.

- Sometimes direct questions are also appropriate, particularly when a child is not inhibited. Questions which require a pointing response in a book can inform you about levels of understanding, e.g., 'Which boy is on the slide?'

- Open questions, which require a more substantial answer, can give information on understanding and expressive language. They vary greatly in difficulty and degree of openness – compare the level of response needed for 'What's the boy doing?' and 'What's happening in this picture?'

- If a young child is particularly quiet in your presence, you might want to use other ways to tempt them to participate and/or communicate.
  These are some suggestions:
  - Let the child see you put some interesting toys in a bag. Gain their attention by shaking the bag. Then put the bag in front of the child for them to get one out on their own or with their parent.
  - Blow up a balloon and then let it fly round the room to deflate. Then either find it and hand it to the child and wait. Or let the child find it, but do not offer to do it again. Wait to see if the child will make some attempt to communicate – verbally or non-verbally with you or the parent.
  - Have a pot of bubbles. Blow some, and then replace the lid. Hand it to the child. Wait for a reaction again.

Assessing Comprehension

It is important to distinguish between **verbal** understanding and situational or contextual understanding. Take the instruction 'Put your shoes on'. If this is said, standing by the shoes, coats on, obviously about to go out, a child's correct response **might** only indicate an understanding of what he should do in that situation. He would not necessarily have to understand 'shoes' or 'put on'. Conversely, if you ask the child to go and find his shoes, perhaps from another room, when it is not obvious that he needs them, it would be safer to assume he has understood the word 'shoes'.

Non-verbal clues contribute to a child's understanding, but need to be eliminated when assessing **verbal** understanding. Pointing, eye- pointing and other gestures must therefore be avoided.

Comprehension of language is sometimes measured in terms of ‘key words’. ‘Key word’ refers to a word which has to be understood in order to carry out an instruction correctly. The number of key words understood depends on the alternatives available. ‘Put the doll on the chair’ might measure two key words if there is a choice between a doll and a teddy and between a chair and a bed. It might only measure one key word if there is a choice between a doll and a teddy, and only a chair to put it on. It might only measure contextual/situational understanding if there is no choice at all.

Sometimes it might seem that a child understands more than they actually do. From a choice of soft toys, of which one is a teddy, it only requires one key word understanding to pick the teddy. Even if the instruction is complex, for example ‘Where’s the nice, big, orange teddy?’, the child at the one key word level can pick the right toy without understanding any of the other concepts.

Discussion with Parents

Whether or not your session produces direct evidence about the child’s communication, it is highly important to tap into the parent’s knowledge of their own child. Parents who feel there is cause for concern are usually right. Sometimes, however, because communication is such a complex skill, they find it hard to be precise about their child’s skills. The use of specific questions to the parents can help to clarify the child’s strengths and possible difficulties.

Using BRISC

Surveillance Sheets

The surveillance sheets should be used in conjunction with the information in this booklet. There are surveillance sheets to cover the following ages:

- 12 months
- 18 months
- 2 years
- 2 ½ years
- 3 years
- 3 ½ years
- 4 - 5 years
- 5 - 6 years Year 1
- 6 – 7 years Year 2

Use the surveillance sheet which is closest in age to the child you are seeing. On each sheet, there are recommended questions to help you determine the child's abilities. For younger children, these will most often be directed to the parent. Ideally they should not be used in place of interaction with the child but as an important supplement to the direct information you may acquire in that way. They are important in their role of including the parent in the procedure, and of getting an all-round picture of the child's communication. For children in early years' settings or schools, where an early years' practitioner or teacher is considering making a referral, the questions serve to focus attention on the important issues. The terminology and explanations used in the questions are those which, through experience, we find to be meaningful to the parent and which give the most accurate replies.

The 'Criteria for Referral' follow the questions and these are the guidelines to use when making the decision as to whether the child should or should not be referred to Speech and Language Therapy. It is useful to tick the areas which you have identified as being significant for referral.

Picture

The picture provided is designed to be used with children from 3 years and over. Encourage the child to name the items in the picture and record their response as

accurately as you can on the form provided, showing any change of consonants from the target. By using the same form, it is possible to look at progress, or lack of it, over a period of time.

Referral

Referral is often indicated where there is a **pattern** of poor skills present, particularly in the younger child. For example, at the age of two, if the child's comprehension, play and attention skills are good but he is only babbling, the overall pattern of development is encouraging and a follow-up check would be advised rather than referral to Speech and Language Therapy. In other words, the fact that only one of several important skills (in this case expressive language) is relatively slow to develop does not necessarily indicate that the child will need help from a speech and language therapist.

It is recommended that a referral is made if the parent is very concerned about their child even though you are not. However, sharing the 'criteria for referral' information with them and monitoring their child's progress may avoid inappropriate referrals. If the parent/carer expresses concern or doubt about the child's ability to **understand** language, referral should probably be made as this is nearly always a sign that there is a significant problem. If there is any doubt about a silent or uncooperative child a follow-up visit is advised.

It is also recommended that any child who appears to have a communication problem is referred for a full hearing assessment, even if they have passed a previous hearing test.

Speech/Language/Communication Breakdown

Prevalence Rates

Approximately 5% of children have a primary communication difficulty, i.e., on average 5 out of a typical Health Visitor's caseload of 100. The ratio of boys to girls is 3:1.

Types of Difficulty

Children with communication problems may be showing any of the following patterns of difficulty. They may be:

- late in using words to communicate
- slow in moving from one stage to another and so may appear to be stuck at an earlier stage of development
- showing a mismatch between various aspects of communication, e.g., good understanding but very immature sentence structure in their expressive language
- showing an atypical progression or unusual components to their communication, e.g., appear to have more complex expressive language than their understanding will merit, or may be using non-English sounds in their speech
- showing a mismatch between their communication development and other areas of development
- showing difficulty with aspects of social communication – conversational turn taking, maintaining the topic in a conversational exchange, giving appropriate eye contact

Causative Factors

These are often difficult to find because children with speech and language problems are a heterogeneous group and there may be more than one factor at work. Some of the more common ones are:

- specific speech and language learning difficulty
- general learning difficulties/general developmental delay
- hearing loss
- environmental factors
- autism

More rarely there may be:

- structural abnormalities
- chromosome abnormalities
- neuromotor disorders

The following sections give more detail about the types of communication delay or disorder that may be encountered.

Language

Various labels are used for children with difficulties in the area of language.

Delay/Disorder: The distinction made here is usually between those children who are developing along expected lines but at a slow rate (delay) and those who show atypical development or whose delay is so severe as to suggest an underlying/pathological difficulty with language (disorder).

Receptive/Expressive: Some children present with a difficulty predominantly in one aspect or the other – i.e., in the understanding (reception) or in the production (expression) of language. It would be rare to find a child who has no problems at all in one aspect and a major problem in the other, since the development of understanding and expressive language are closely interrelated.

Children present with delay or disorders, with predominantly receptive or expressive problems, in all or some of the various rule systems of language as follows:

Language Content – Semantics

Difficulty understanding – The child follows an instruction such as ‘Put that in the bin’ because the situational and non-verbal clues aid him, but he would be unable to follow ‘Put the red book under the box by the television’ where length of utterance and conceptual difficulty have increased.

Difficulty learning word meanings – The child may have a reduced vocabulary and use general words like ‘this one’, ‘that’, ‘there’, ‘thing’, ‘do it’ rather than more specific nouns and verbs.

Difficulty retrieving words – The child shows recognition of a picture or object but is unable to label it correctly, even though he has used the word on other occasions. For example, for *kite* he may say ‘parachute’ or ‘light’ or ‘one of those things that flies’.

Continuing to over- or under- extend their use of words inappropriately – The child might not realise that *cup* refers to red cups, blue cups, upside-down cups. He may use ‘dog’ to refer to all animals.

Difficulty understanding longer conversations or stories and difficulty linking their own ideas into a logical account or story – The child may be unable to answer questions about a story or to recount their daily routine or an event which has happened to them.

Inability to appreciate jokes or idioms - A sarcastic comment such as *that’s great* or an idiom such as *keep your eye on the clock* may only be understood literally.

Difficulty making inferences – The child does not understand the implied meaning of *dinner’s ready which* is *come and sit at the table.*

Language Form

Grammatical difficulties (syntax) – The child may have difficulty constructing sentences, producing sentences with key words only (telegrammatic) or with inappropriate word order:

- ‘me back home’
- ‘me mummy go shop today’
- ‘Mummy done car bus crash’

The child may have difficulty understanding complex grammatical constructions. He might understand 'The man has a big hat. He is going shopping' but not 'The man who has the big hat on is going shopping'.

Morphology – The child may not understand or use grammatical word endings, for example, -*ing*, the plural -*s*, the possessive -*'s*.

Phonological Difficulties

Phonology normally develops systematically alongside the other aspects of language. At different stages the child may:

- use forms appropriate to a younger child, 'dock' for *sock,* 'boo' for *boot,* 'tar' for *car.*
- have variable forms, *sock* produced as 'dock', 'tock', 'kock'
- retain earlier simplifications whilst developing later combinations, *sock* is still produced as 'dock' but *plate* is produced correctly
- have a systematic sound preference where one favoured consonant replaces a wide range of others: *sock, cot* and *frog* are all produced as 'dod'
- use atypical forms, e.g., 'koo' for *two* or have vowel substitutions 'bad' for *bed*

Language Use – Pragmatics

Difficulty coping with changes of topic or following through a topic – When the speaker moves from talking about one topic, say *school* to talking about another, say *the park*, the child continues to try and understand the conversation in the context of *school.*

The child switches from one topic to another in a conversation without indicating to his listener.

Lack of understanding that language is used for communicating information or for social interaction - The child may have a long repertoire of sentences or a wide vocabulary, but these are used inappropriately or only to himself.

Difficulty taking turns in conversation – The child may interrupt inappropriately or fail to 'give way' as someone else begins to talk.

Unawareness of the needs of the listener – The child may not give enough introductory information at the beginning of an utterance or may use pronouns (he, she, it, him, her, etc.) that have not previously been referenced.

Each of these areas of language difficulty may be seen in isolation or in combination with each other. However, it is more usual for disorders of content and use (semantic and pragmatic) to be combined as it is for difficulties within the area of form (grammar and phonology).

Speech

Articulation Disorders – These are disorders related to structural and functional problems in the orofacial area.

Difficulty making certain sounds – Where there is weakness or paralysis, the child may be unable to raise the tongue to the alveolar ridge for *t* and *d* or be unable to form a groove with the tongue for *s*. Where there is structural or functional abnormality, the child may try to compensate and develop atypical substitutions or abnormal movements. For example, a child with inadequate nasopharyngeal closure as a result of cleft palate may try to inhibit the nasal airflow by holding in his nostrils (nasal grimace).

Faulty patterns of articulation acquired – For example, instead of releasing the air for *s* and *sh* in the normal way, it is released laterally, over the sides of the tongue and sounds like the Welsh *ll*.

Difficulty initiating, maintaining or co-ordinating the movements required for speech – The child may be able to say single syllable words clearly but be unable to co-ordinate the movements for continuous speech or even a multi-syllabic word. His speech may be slurred or indistinct.

Fluency Disorders

It is important to note that completely fluent speech is the exception in conversational speech. Hesitations, revisions, repetition of words and pauses are a feature of normal speech. During the periods of rapid language development that occur between the ages of 3 and 5 years, many children experience increased dysfluency. (Children with speech and language delay may show this developmental dysfluency at a later age). If managed appropriately, this stage does not usually last for more than a few months. However, there is a small group of children who show a different and more severe pattern of dysfluency and these are at risk of developing a stammer. Features of early stammering are:

- repetitions of sounds and syllables
- prolongation of sounds
- silent stopping or blocking of speech or difficulty in initiating voice
- avoidance of certain words or speaking situations
- associated body or facial movements or tension

Early stammering may occur consistently or come and go with episodes of stammering followed by periods of stammer-free speaking. It is usually worse when the child is tired, excited, unwell or under extra pressure. Parents are usually distressed when their child is struggling with speaking and so parental anxiety indicates a need for referral.

Some children, following early stammering, go on to develop fluent speech, but others do not – a child is more at risk of developing chronic stammering when:

- there is a family history of stammering that persists into adult life
- child is aware of getting stuck while speaking
- stammering occurs frequently
- moments of stammering are severe, e.g., multiple repetitions – ‘mu mu mu mu mummy’; associated facial or neck tension; the child asks for help – ‘say it for me mummy’
- child has been stammering for more than six months
- stammering is becoming more severe; there are fewer periods of fluency

You may not hear the child stammer during your assessment so it is important to record the parent's description of the child's dysfluencies.

Voice Disorders

Chronic, long term hoarseness in children is most commonly caused by overuse of the voice such as in shouting. Where there is concern, a referral should be made to ENT prior to referral to Speech and Language Therapy.

Bilingualism

Surveillance of children whose home language is not English

Interpreters

Surveillance of a child whose home language is not English is often best achieved with the help of an interpreter/link worker. This is particularly important where the parent is insecure in their knowledge and use of English. It can also be beneficial to have an objective 'third party' with you to help assess a child's understanding or use of their first language. A trained interpreter will be aware of the necessity of giving instructions without pointing or without breaking down the instruction into chunks or repeating it, and will be able to report accurately and objectively on the child's expressive language. An interpreter will also be able to provide useful information about aspects of the culture and home language.

Language Delay and Language Disorder

Bilingualism should never be seen as a problem in itself. However, the type of language difficulties found in children whose only language is English can obviously occur with children who are learning two or more languages.

Monitoring a child's progress over time is important. Where a child is learning more than one language from birth, a delay in language development of six months is not atypical. The delay may be evident in both languages. Also, a surge in their language development is more likely to occur around the age of 3 years rather than around the age of 2 years, which is more common in monolingual English speakers.

Language disorder will be apparent in both or all languages. Features to particularly look for in surveillance of younger children are:

- Poor symbolic play
- Poor attention
- Persistent echolalia
- Persistent and non-communicative jargon
- Pragmatic difficulties

- Poor non-verbal communication

Features which may be common to both bilingual language development and language disorder are

- Echoing (a rehearsal strategy for a bilingual child, an indication of comprehension difficulties where there's a language problem)
- Learnt phrases
- Word-finding difficulty

Children in Nursery

Children whose home language is not English, who enter nursery, should be given time to settle in. It is not unusual for them to go through a silent period when they observe and listen. If there are concerns at this stage, it would be advisable to ask an interpreter/link worker to look at the child's home language ability first.

Dysfluency

A child who is learning more than one language may be more prone to dysfluency. This is associated with the demands of processing both languages.

Useful Information for the Speech and Language Therapist

When referring a child who is learning more than one language, it is useful for the SLT to know:

- Who lives in the house
- Which languages are spoken
- Who speaks which language to whom
- Who spends most time with the child
- Who speaks most to the child
- For the older child, which is their favoured language?

Glossary of Terms Commonly Used by Speech and Language Therapists

Phonology	**The system of sounds of a language**
Syntax	**The way in which sequences of words are combined to constitute phrases, clauses and sentences**
Morphology	**Word structure, e.g., prefixes, suffixes, word endings**
Semantics	**The meaning contained within words, phrases and sentences**
Pragmatics	**The use of language in context**
Articulation	**The production of the sound**

Community Children's Health Partnership

North Bristol NHS Trust

Surveillance Sheet: Age 12 months

Child's name		Completed by	
Date of birth and age		Job title	
NHS number		Date	

Information Gathering	Notes/Examples
Does your child babble, i.e., produce strings of sounds like 'dadada', 'abababa' If not, does he coo, i.e., make tuneful noises with vowel sounds like 'ah', 'ay ay ay'	
Does he imitate any sounds that you make and the tune in your voice?	
Does he point at something to tell you he wants it?	
Is he beginning to use any consistent first words e.g. 'dada' for daddy	
Does he look at the right person when you say 'where's mummy?' or 'where's daddy?' without you using any gestures?	

Criteria for Referral

REFER for a hearing test if there is:	**MONITOR** if there is:
▪ Little or no interest in sound ▪ No babbling or cooing	▪ Awareness of sound/enjoyment of sound ▪ No babbling but is cooing with vowel sounds ▪ No words as yet ▪ No turning to familiar person when named

Action	**Refer for hearing test**	yes/no	**Monitor**	yes/no	**Follow-up in weeks/months**	

Useful links for professionals, parents and carers:
www.literacytrust.org.uk www.ican.org.uk www.afasic.org.uk www.supportiveparents.org.uk

Community Children's Health Partnership

North Bristol NHS Trust

Surveillance Sheet: Age 18 months

Child's name		Completed by	
Date of birth and age		Job title	
NHS number		Date	

Information Gathering	Notes/Examples
How does your child communicate with you - words, babble, tuneful 'chatter' (jargon), gesture?	
If you point at someone or something, does he look at what you are pointing at? Does he point?	
Does he look at you when you call his name? Is he responding to phrases like 'Where's your shoe?'; 'Give it to mummy.'? With or without associated gesture?	
Does he anticipate what's going to happen with a familiar cause and effect toy such as a Jack in the Box? Is he beginning to show understanding of toys by relating one to another, e.g., spoon in cup?	
How long can he concentrate on an activity?	

Criteria for Referral

REFER to Speech and Language Therapy if the child shows a **pattern** similar to the following: ▪ No interest in simple cause and effect play ▪ Fleeting attention/concentration ▪ No words or babble.* ▪ Little attempt to communicate. ▪ No pointing or response to others pointing ▪ No apparent comprehension of words*	**MONITOR** if the child shows a **pattern** similar to the following: ▪ Is beginning to relate objects appropriately like spoon and cup ▪ Has short attention span ▪ Is using babble or jargon or gesture but no words* ▪ Responds appropriately to pointing ▪ Understands some words or names*

*Where the child is exposed to more than one language, the * items are likely to be delayed.*

Action	**Refer to SLT**	yes/no	**Monitor**	yes/no	**Follow-up in weeks/months**	

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Community Children's Health Partnership

North Bristol NHS Trust

Surveillance Sheet: Age 2 years

Child's name		Completed by	
Date of birth and age		Job title	
NHS number		Date	

Information Gathering	Notes/Examples
Does your child communicate with you in any way? How many words, if any, does he say? (Reassure the parent that the words do not have to be pronounced clearly to be counted as words). Is he linking words?	
Can he point to parts of his body when asked? (eyes, hair, mouth, nose, hands). Does he respond to phrases such as 'Go and find my bag', 'Where's your biscuit gone?' - with or without non-verbal clues?	
Is he beginning to do pretend actions with a teddy or car? Will he relate objects to himself? Does he relate two objects appropriately? Will he let you play with him?	
Can he concentrate for a short while on something he chooses to do?	
Does he point at something he wants, which is out of reach, and then look at you?	

Criteria for Referral

REFER to Speech and Language Therapy if the child shows a **pattern** similar to the following: ▪ Does not relate two objects such as spoon and cup ▪ No words or jargon. May babble.* ▪ No apparent understanding of familiar words.* Situational understanding may be developing if part of his routine ▪ Fleeting attention and rejects adult's attempts to play together ▪ Unable to point at item he wants and look at adult (shared attention) ▪ Very little recent progress	**MONITOR** if the child shows a **pattern** similar to the following: ▪ Some pretend play, e.g. pretending to feed himself with a spoon ▪ Some single words but also uses jargon or babble or pointing to communicate* ▪ Understands lots of words and some simple instructions in context* ▪ Can attend for short periods to own choice of activity and does not often reject adult's involvement ▪ Has made some recent progress

*Where the child is exposed to more than one language, the * items are likely to be delayed.*

Action	**Refer to SLT**	yes/no	**Monitor**	yes/no	**Follow-up in weeks/months**	

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Community Children's Health Partnership

North Bristol NHS Trust

Surveillance Sheet: Age 2½ years

Child's name		Completed by	
Date of birth and age		Job title	
NHS number		Date	

Information Gathering	Notes/Examples
How many words does your child use? Is he linking words? Has he made progress over the past few months? Can you understand his words?	
Can he fetch familiar objects when you ask him to? – with or without non-verbal clues? Does he respond to other instructions such as 'See if the postman has been?' and 'Go and wash your hands'	
Is his play becoming more imaginative? Will he act out little sequences with toys, e.g., putting teddy to bed, waking him up, giving him dinner. Will he let you play with him?	
Can he concentrate for a short while on something he chooses to do?	
How many words does your child use? Is he linking words? Has he made progress over the past few months? Can you understand his words?	

Criteria for Referral

REFER to Speech and Language Therapy if the child shows a **pattern** similar to the following: ▪ No pretend play ▪ Few or no words, or no increase in the number of words over the past 3 months* ▪ Understands familiar words but not short instructions unless the context makes it clear or unless non-verbal clues are used* ▪ Rejects adult's attempts to play together ▪ Very short attention span	**MONITOR** if the child shows a **pattern** similar to the following: ▪ Pretend play is developing ▪ Uses a number of single words and vocabulary is increasing slowly. May be beginning to combine words* ▪ Understands easy instructions even without contextual and non-verbal clues* ▪ Prefers to play alone but tolerates adult joining in ▪ Is intelligible to main carer most, but not all, of the time but others often cannot understand him

*Where the child is exposed to more than one language, the * items are likely to be delayed.*

Action	**Refer to SLT**	yes/no	**Monitor**	yes/no	**Follow-up in weeks/months**	

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Community Children's Health Partnership

North Bristol NHS Trust

Surveillance Sheet: Age 3 years

Child's name		Completed by	
Date of birth and age		Job title	
NHS number		Date	

Information Gathering	Notes/Examples
Is your child putting words together to make simple sentences? Do they make sense? Has he made progress over the past few months? Can you and others understand his words?	
Can he respond to more complicated suggestions/instructions, such as 'Find the big car'; 'Open the box and get the lorry out'. If not, does he understand simpler instructions?	
If there is a stammer, describe it. When did you first notice this? Is it getting worse? Is he frustrated or upset by it? Does anyone else in the family stammer?	

Criteria for Referral

REFER to Speech and Language Therapy if the child shows any of the following:

- Uses only single words and/or learnt phrases or inappropriate phrases. Little progress over the past 3 months.*
- Understands simple instructions but needs contextual clues.*
- Rarely responds to adult suggestion during play.
- Is not intelligible most of the time to the main carer.
- There is evidence of stammering and the parents are concerned or there is family history of stammering

MONITOR (and if possible provide intervention) if the child shows the following:

- Uses a range of appropriate sentences of 2-3 words, and has made progress over the past 3 months*
- Understands simple instructions without contextual clues*
- Welcomes and responds to adult suggestion during play. May have little or no interest in peers.
- Is intelligible to main carer most of the time but others often cannot understand him. The sound *t* is used for *c/k* e.g. tar for car or *b* is used for *f e.g.* bour for four

*Where the child is exposed to more than one language, the * items are likely to be delayed.*

Action	**Refer to SLT**	yes/no	**Monitor**	yes/no	**Follow-up in weeks/months**	

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Community Children's Health Partnership

North Bristol NHS Trust

Surveillance Sheet: Age 3½ years

Child's name		Completed by	
Date of birth and age		Job title	
NHS number		Date	

Information Gathering	Notes/Examples
Is your child putting words together to make simple sentences? Do they make sense? Has he made progress over the past few months? Can you and others understand his words?	
Can he respond to more complicated suggestions/instructions, such as 'Find the big car'; 'Open the box and get the lorry out'. If not, does he understand simpler instructions?	
If there is a stammer, describe it. When did you first notice this? Is it getting worse? Is he frustrated or upset by it? Does anyone else in the family stammer?	

Criteria for Referral

REFER to Speech and Language Therapy if the child shows any of the following: ▪ Uses single words, 2 word phrases, learnt phrases or inappropriate phrases. Little progress over the past 3 months.* ▪ Understands simple instructions but still needs contextual clues.* ▪ Rarely responds to adult suggestion during play. ▪ Is not intelligible to the main carer much of the time. ▪ There is evidence of stammering and the parents are concerned or there is family history of stammering	**MONITOR** (and if possible provide intervention) if the child shows the following: ▪ Uses a range of appropriate sentences of 3-4 words, and has made progress over the past 3 months* ▪ Understands simple instructions without contextual clues* ▪ Welcomes and responds to adult suggestion during play. May have little or no interest in peers. ▪ Is intelligible to main carer most of the time but others often cannot understand him. The sound *t* is used for *c/k* e.g. tar for car or *b* is used for *f e.g.* bour for four

*Where the child is exposed to more than one language, the * items are likely to be delayed.*

Action	**Refer to SLT**	yes/no	**Monitor**	yes/no	**Follow-up in weeks/months**	

Useful links for professionals, parents and carers:
www.literacytrust.org.uk www.ican.org.uk www.afasic.org.uk www.supportiveparents.org.uk

Community Children's Health Partnership

North Bristol NHS Trust

Surveillance Sheet: Age 4-5 years

Child's name		Completed by	
Date of birth and age		Job title	
NHS number		Date	

Information Gathering	Notes/Examples
Is your child talking in sentences? Does he leave out the small words? Do his sentences make sense? Does he ever just echo back what you have said to him instead of answering you?	
Does he follow more complex instructions, e.g., 'Get the doll with the hat on', 'Which car has got (two) broken wheels?'	
Sounds – use picture provided	
If there is a stammer, describe it. When did you first notice this? Is it getting worse? Does anyone else in the family stammer?	
Prior to referral	
What has been tried to assist the child so far? If the child has an IEP, please attach the latest.	

Criteria for Referral

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 (e.g. 2 part instructions)*
- Significant lack of interest in peer group interaction
- 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
  - ❑ The sounds *t, d, c/k, g* are used in the wrong places
- There is evidence of early stammering and the parents are concerned or there is family history

MONITOR (and if possible provide intervention) if:

- Utterances are appropriate and at least 5-6 words long but vocabulary may be 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
- Is intelligible most but not all of the time to you

*Where the child is exposed to more than one language, the * items are likely to be delayed.*

Action	Refer to SLT	yes/no	Monitor	yes/no	Provide intervention	yes/no

Useful links for professionals, parents and carers:
www.literacytrust.org.uk www.ican.org.uk www.afasic.org.uk www.supportiveparents.org.uk

Community Children's Health Partnership

North Bristol NHS Trust

Surveillance Sheet: Age 5-6 years

Child's name		Completed by	
Date of birth and age		Job title	
NHS number		Date	

Information Gathering	Notes/Examples
Can the child recount to you something he has done, using sentences which adequately convey his meaning? Can he also respond appropriately to your questions about a story, showing understanding and turn-taking skills?	
Sounds – use picture provided	
If there is a stammer, describe it. Is it getting worse? How does the child respond to it?	
Prior to referral	
What has been tried to assist the child so far? If the child has an IEP, please attach the latest	

Criteria for Referral

REFER to Speech and Language Therapy if:	**DO NOT REFER 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 he only seems to follow his own line of thought ▪ Is unintelligible to you much of the time. ▪ The sounds *t, d, c/k, g, f, s, sh,* are not yet used correctly ▪ There is evidence of early stammering and the parents are concerned or there is family history. ▪ Significant difficulties with social interaction.	▪ Intelligibility decreases when utterances are longer or more complex or the child is excited or upset ▪ Double and triple consonant blends (e.g., *pr, fl, sk, spr*) are not used ▪ The sounds *ch, j, r, th, y* are not accurate ▪ Minor concern about social interaction. **PROVIDE INTERVENTION** in school if: ▪ Little evidence of longer sentences containing connectives such as 'and' and 'because'* ▪ Has some difficulty understanding instructions in class ▪ Some grammatical features are still not present (e.g., correct past tense, plurals)*

*Where the child is exposed to more than one language, the * items are likely to be delayed.*

Action	**Refer to SLT**	yes/no	**Monitor**	yes/no	**Provide intervention**	**yes/no**

Useful links for professionals, parents and carers:
www.literacytrust.org.uk www.ican.org.uk www.afasic.org.uk www.supportiveparents.org.uk

Community Children's Health Partnership

North Bristol NHS Trust

Surveillance Sheet: Age 6-7 years

Child's name		Completed by	
Date of birth and age		Job title	
NHS number		Date	

Information Gathering	Notes/Examples
Can the child recount to you something that he has done using sentences which adequately convey his meaning? Can he also respond appropriately to your questions about a story, showing understanding and turn-taking skills?	
Sounds – use picture provided	
Can you describe his stammering? If there is a stammer, describe it. Is it getting worse? How does the child respond to it?	
Prior to referral	
What has been tried to assist the child so far? If the child has an IEP, please attach the latest	

Criteria for Referral

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 maintain a meaningful conversation because he only seems to follow his own line of thought
- Some single consonants (e.g. k, g. f, s, sh, ch,j) are not consistently in place causing some intelligibility problems
- No double consonant clusters are used correctly.
- There is evidence of early stammering and/or parents are concerned.

DO NOT REFER for Speech and Language Therapy if the child shows any of the following:

- Lisp (e.g., says *th* for *s*), unless the child or parent is extremely concerned and this is affecting the child
- Some double or triple consonant clusters are not used correctly (e.g., t*r, sk, spr*)
- Individual way of articulating some sounds, e.g. *r*

PROVIDE INTERVENTION in school if:

- Little evidence of long complex, utterances involving the use of words such as *but*, *because*, *when*, (e.g. 'I wanted to buy some sweets *but* the shop was closed')
- Has difficulty following sequences of instructions in class
- Some grammatical features are still not present (e.g., correct past tense, plurals)*

*Where the child is exposed to more than one language, the * items are likely to be delayed.*

Action	Refer to SLT	yes/no	Monitor	yes/no	Provide intervention	yes/no

Useful links for professionals, parents and carers:

www.literacytrust.org.uk www.ican.org.uk www.afasic.org.uk www.supportiveparents.org.uk

Community Children's Health Partnership

North Bristol NHS Trust

Record Sheet of Speech Sound Development

Child's Name …… NHS number…… …. Dob: ……

Target Word	Child's production of the word		
	Date	Date	Date
bird			
door			
two			
hat			
car			
stick			
girl			
five			
roof			
sun			
house			
shoe			
chimney			
flower			
cloud			
sky			
pram			
glasses			

Useful links for professionals, parents and carers:
www.literacytrust.org.uk www.ican.org.uk www.afasic.org.uk www.supportiveparents.org.uk

Community Children's Health Partnership

North Bristol NHS
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