Community Therapies Service – North Lincolnshire

SPEECH AND LANGUAGE THERAPY
CHECKLIST FOR 3 ½ - 4 YEARS

This checklist has been adapted from the Bristol Surveillance of Children’s Communication (BRISC) which was devised by Speech and Language Therapists as a screening package to help enable other health professionals/Early Years practitioners to identify children in need of referral.

Together with the child’s parents /carers please tick one box in answer to each question.

Name: ________________________________________ DOB: __________

Signature of parent/Carer: _________________________ Date: __________

1. Are you confident that your child is hearing well?  
   YES  ☐  NO ☐  NOT SURE ☐

2. Does your child use a dummy?  
   YES ☐  NO ☐

   If YES, how often? ______________________________________

3. Will your child play games or look at a book that YOU have chosen?  
   YES ☐  NO ☐  NOT SURE ☐

4. Does your child like playing pretend games e.g. being a shopkeeper or fireman?  
   YES ☐  NO ☐  NOT SURE ☐

5. Does your child share toys with other children?  
   YES ☐  NO ☐  NOT SURE ☐

6. Can your child understand things like “put the shoes under mummy’s bed”?  
   YES ☐  NO ☐  NOT SURE ☐

7. Does your child understand words about size e.g. big and little?  
   YES ☐  NO ☐  NOT SURE ☐

8. Does your child understand position words? (e.g. in, on, under)  
   YES ☐  NO ☐  NOT SURE ☐
Checklist for 3 ½ - 4 YEARS (cont)

   YES ☐ NO ☐ NOT SURE ☐

10. Does your child often repeat back to you things that you have said?
    YES ☐ NO ☐ NOT SURE ☐

11. Does your child link 4/5 words together in a sentence?
    YES ☐ NO ☐ NOT SURE ☐

12. Is your child using sounds like f, s, k, g?
    YES ☐ NO ☐ NOT SURE ☐

13. Does your child often stammer/stutter?
    YES ☐ NO ☐ NOT SURE ☐

14. Do most people understand what your child says without your help?
    YES ☐ NO ☐ NOT SURE ☐

15. Are you worried about your child’s talking?
    YES ☐ NO ☐ NOT SURE ☐

**ACTION GUIDE LINES**

A Speech and Language Therapy referral may be appropriate if the following Possible Causes for Concern have arisen:

- Concerns about child’s understanding spoken language
- No evidence of 4/5 word utterances
- Hardly ever responds to adult suggestion during play
- Utterances are echoed or repetitive
- Is mainly unintelligible to others
- Final consonants in words not present
- Sound group f, v, s, z, sh never used
- Child has a stammer

If making a referral, attach this checklist to the Referral Form and return to the Speech and Language Therapy Team.