



504 PLAN SUGGESTIONS

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Below are specific accommodations and considerations for the school and classroom. The interventions suggested must be carefully chosen and appropriately modified by qualified professionals after observation and assessment to reflect the individual needs of the child.

1. Allow [Student Name] to use nonverbal communication techniques (e.g., gestures, nodding, pointing to a picture card, writing, moving [his/her] lips) to answer questions and/or to make [her/his] needs known.
2. Allow [Student Name] extra time to answer questions, either nonverbally or verbally. Avoid eye contact when awaiting [her/his] response if necessary.
3. [Student Name] should be included in all classroom activities, instructional and curricular work, including verbal assignments. Classroom participation should be encouraged. Assign [her/him] nonverbal jobs/ responsibilities in the classroom (e.g., cleanup, line leader).
4. Refrain from calling attention to whether [Student Name] talks or does not talk. Do not mention that you heard [her/him] speak when you do. [S/He] should not be publicly praised when [s/he] makes strides. Try to normalize the situation as much as possible.
5. The classroom teacher will form questions with a yes/no answer when possible.
6. The teacher will use as much small group instruction as possible, and encourage small group games and activities with other children as possible. Gradually increase the number of children in the small group.
7. [Student Name] may perform required oral assignments (e.g. reading assessments) in the classroom with parent present to increase comfort when necessary (this will help [him/her] gain comfort in communicating in the school environment), or via alternate assignment, such as video/audio recording.
8. The classroom teacher will provide nonverbal assessments.
9. [Student Name] shall be permitted, if necessary, to take any standardized test outside of the regular classroom, either privately or in a small group, administered by a special area teacher, in case [she/he] needs to ask a question or seek clarification. [Student Name] shall be given additional time if needed.
10. [Student Name] may benefit from participating in a small group recess in place of

recess with the entire class. Similarly, in physical education class, [s/he] should

participate in activities within a small group and should not be forced to participate in front of a larger audience (e.g., being “up” at kickball or up at bat in softball, etc.).

11. [Student Name] may require participation in a specialized pull-out plan. [S/He] should work alone and eventually with a small peer group while working with the school speech-language specialist, school social worker or school counselor. This “key worker” will provide individual support and intervention strategies three to five times a week, for 15-30 minutes per session, in a separate classroom setting. The school will provide materials for the “key worker” to use, such as nonverbal games. The “Stimulus Fading” strategy will be used to increase the group size as the anxiety subsides. The family will provide resources outlining the implementation of the Stimulus Fading strategy [from *The Selective Mutism Resource Manual* by Maggie Johnson & Alison Wintgens]. A *hierarchy* of communication and speaking goals for the key worker follows at the end of the present enumerated list.
12. Home/school communication will be available on a daily or weekly basis if requested with both the classroom teacher and the “key worker.”
13. Assign [Student Name] a seat with a close friend on each side, to back of the classroom, away from door.
14. Pair [Student Name] with one close peer as much as possible to help [her/him] feel comfortable in larger groups and in less structured settings (e.g., lunch buddy, hallway buddy, recess buddy, project buddy, running errands for teacher with a buddy). Then, gradually add other students to [Student Name]’s group of buddies.
15. Assign [Student Name] a seat at lunch next to [her/his] buddy and close to trusted peers.
16. Assign scheduled times for bathroom breaks. Have [Student Name] and [her/his] buddy accompany each other to the bathroom.
17. Assign [Student Name] to a partner whenever partnering in activities. Do not wait for [Student Name] to initiate or choose a partner or group.
18. Prepare [Student Name] for changes in routine and special large group activities (e.g., substitutes, fire drills, schedule changes, field trips).
19. Provide a written summary of pointers and accommodations for [Student Name] for any substitute teacher to reference. Inform office staff to advise substitutes to reference this summary before interacting with [Student Name] in the classroom.
20. The classroom teacher may provide individual time with [Student Name] and possibly a friend or two, when possible, to develop a rapport before school, during lunch or after school; for example, “Lunch Bunch.” This will allow [Student Name] extra time to build comfort.
21. Allow [Student Name] to spend time with [her/his] teacher before the school year starts, if possible.
22. Allow [Student Name]’s parents/family members to have access to the school environment on off hours (arrive early, stay late, summer hours if possible) to promote comfort and eventually verbalization when alone with a parent and eventually, one or more buddies or a teacher.
23. If available, [Student Name] may participate in school-based mental health services (e.g., working with a school counselor or therapist, participating in a social skills group).
24. Each year [Student Name] should be moved up to the next teacher with his/her

close friends. [Student Name] will be placed with accepting teachers to be chosen with parent input.

25. The district will provide faculty training through consultations and attendance at SM conferences.
26. The district will purchase Selective Mutism educational materials to educate the child's teachers and all school personnel.
27. The school will provide quarterly parent/faculty meetings to update and report upon accommodations and progress.
28. Resources on Selective Mutism should be utilized for further suggestions and information about [Student Name]'s condition. Please visit the Selective Mutism Group at www.selectivemutism.org for up-to-date information for teachers, professionals and parents.

Following is a **sample** Hierarchy of Communication and Speaking Goals (for use in #11 above). In order to be effective for a child, an **individualized** Hierarchy of Communication and Speaking Goals must be developed by a qualified professional(s) with information based on observation and assessment of the child.

Help [Student Name] to communicate within a hierarchy of speaking goals, from easier goals to more difficult goals. These goals may require modifications throughout the year as progress is made. For example:

1. [Student Name] will use mouth movements to communicate.
2. [Student Name] will whisper within 1 foot away from one person to communicate (this may be his mother or a classroom buddy).
3. [Student Name] will communicate with one new person by first whispering to his mother or a buddy.
4. [Student Name] will whisper within 2 feet away from one person to communicate.
5. [Student Name] will use his voice to speak with one person.
6. [Student Name] will use his voice to communicate with one new person by first speaking to his mother or a buddy.
7. [Student Name] will speak to one new person by whispering.
8. Continue with progress toward including more people in group with whom [Student Name] whispers, working through steps 1 through 5 as necessary.

NOTE: Children with a medical diagnosis such as SM automatically qualify for 504 educational plans. Parents/guardians with documentation of their child's SM diagnosis should contact the school principal to request review of a 504 plan such as the example(s) herein for use in school with their child. A caution: school districts vary as to what level of accommodation or service they will provide under a 504 plan. The "Stimulus Fading" strategy discussed in this 504 is sometimes considered a "service" that cannot be provided unless the child has an Individual Educational Plan (IEP).

To qualify for an IEP, a child must be evaluated by the school (or approved professional)

to determine need.