

Child's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### **EXPRESS Selective Mutism (SM) Communication Questionnaire**

Child's date of birth: \_\_\_\_\_

Child's grade in school: \_\_\_\_\_

Gender of child: Female\_\_\_\_ Male\_\_\_\_

Name of person completing form: \_\_\_\_\_ Relationship: \_\_\_\_\_

Language spoken at home by parents: \_\_\_\_\_ and child: \_\_\_\_\_

Is child bilingual: NO\_\_\_\_ or YES\_\_\_\_ - Please indicate languages spoken fluently: \_\_\_\_\_

Has your child received a formal diagnosis of selective mutism? YES\_\_\_\_ NO\_\_\_\_ NOT SURE \_\_\_\_

If yes, when diagnosed with SM (year) \_\_\_\_\_ and by whom \_\_\_\_\_.

#### **Diagnosis, Symptoms, and Treatment:**

Has your child ever received any other diagnosis (listed below)? If treatment was provided, list dates. Indicate any symptoms you have observed. Check all that apply.

	<u>Diagnosed</u> (Year)	<u>Received</u> <u>treatment</u>	<u>Even if no formal diagnosis,</u> <u>list symptoms observed</u>
Development delay:	_____	_____	_____
Speech-language impairment:	_____	_____	_____
Sensory sensitivity:	_____	_____	_____
Auditory processing issues:	_____	_____	_____
Learning Disorder /Difference:	_____	_____	_____
Anxiety Disorder:	_____	_____	_____
Medical Conditions:	_____	_____	_____
Attention Deficit Disorder:	_____	_____	_____
Hyperactivity Disorder:	_____	_____	_____
Other(s):	_____	_____	_____

#### **Questions about selective mutism:**

When were you first made aware of your child's mutism? \_\_\_\_\_ (age)

In what situation(s) was it noticed? \_\_\_\_\_  
\_\_\_\_\_.

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Please describe your child's temperament / disposition around different people at home, school, and in public places.

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Is there a history of social anxiety, other anxiety problems, or phobias in the immediate or extended family? YES\_\_\_\_ NO\_\_\_\_

If yes, please explain:

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In the box below, please describe what you might say or do to help your child communicate in various settings (at home, in school, and in public places).

**Communication in various settings:**

*On next page:* In the 3 settings listed on the chart below (home, school, and public places), please indicate how your child communicates with those listed. Write a sentence or two to describe the ways in which your child communicates with others. In situations where your child has had no opportunity to meet and interact with those people or situations listed below, write NA for "Not Applicable." Also, indicate if your child only responds or responds and initiates. Please note if child whispered, spoke in single words, used sentences, or engaged in spontaneous conversation. Also note if nonverbal using gestures or communicating by writing.

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WRITE IN BOXES	Home	School	Public
<b>Immediate Family</b>	At home with family, how does your child communicate?  ____ responds / ____ initiates	How does your child communicate with a family member at school?  ____ responds / ____ initiates	How does your child communicate with a family member when out in public?  ____ responds / ____ initiates
<b>Relatives</b>	When relatives visit the home, how does your child communicate with them?  ____ responds / ____ initiates	If a relative is at school, how does your child communicate with him/her?  ____ responds / ____ initiates	When out with a relative in public, how does your child communicate with him/her?  ____ responds / ____ initiates
<b>Adult Friends of Family and Peers</b>	When an adult friend visits the home, how does your child communicate with him/her?  ____ responds / ____ initiates	If an adult friend is at school, how does your child communicate with him/her?  ____ responds / ____ initiates	When in a public place with an adult friend, how does your child communicate?  ____ responds / ____ initiates
<b>Neighbors</b>	If neighbors visit the home, how does your child communicate with them?  ____ responds / ____ initiates	If a neighbor is at your child's school, how does your child communicate with him/her?  ____ responds / ____ initiates	If in a public place with a neighbor (and parent), how does your child communicate?  ____ responds / ____ initiates
<b>Store Clerks</b>	Not Applicable  <div style="text-align: center; font-size: 2em;">X</div>	Not Applicable  <div style="text-align: center; font-size: 2em;">X</div>	How does your child communicate with a store clerk?  ____ responds / ____ initiates

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WRITE IN BOXES	Home	School	Public
<b>Servers</b>	<u>HOME</u> Not Applicable     X	<u>SCHOOL</u> Not Applicable     X	<u>PUBLIC</u> How does your child communicate with a server at a restaurant?       ___ responds / ___ initiates
<b>Doctors / Helping Professionals</b>	If a helping professional (such as a therapist or counselor, etc.) worked with your child at home, how did your child communicate?     ___ responds / ___ initiates	If a helping professional (such as nurse, counselor, etc.) is working with your child at school, how does your child communicate?     ___ responds / ___ initiates	How does your child communicate with a doctor or other helping professional at their office?     ___ responds / ___ initiates
<b>Peers</b>	When a peer visits the home, how does your child communicate with him/her?     ___ responds / ___ initiates	How does your child communicate with peers at school? Consider one peer, small group, and classroom?     ___ responds / ___ initiates	When in a public place with a peer (and a parent), how does your child communicate? How does your child communicate if playing at a peer's house?     ___ responds / ___ initiates
<b>Teachers</b>	If a teacher visits the home, how does your child communicate with him/her?     ___ responds / ___ initiates	How does your child communicate with teachers in school when alone with the teacher or in the group?     ___ responds / ___ initiates	If a teacher is seen in a public place, how does your child communicate with him/her?     ___ responds / ___ initiates

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<b>Others</b>	____responds / ____initiates	____responds / ____initiates	____responds / ____initiates
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How does your child communicate in various settings when you are there compared to when you are not there? Please describe.

How does your child communicate on the phone with anyone who may call? Please describe.

How does your child like school? Please describe.

Has your child ever received any type of treatment / therapy / medication for selective mutism? If yes, please explain your child's progress and difficulties.

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As best you can, please provide an overview of your child's selective mutism and any information you believe important to share. In doing so, please provide details of your child's social world and communication skills and difficulties. Include anything your child has told you about talking including what helps or what is difficult.