

School Speech Questionnaire*

Name of Teacher Who Completed This Questionnaire:

When responding to the following items, please consider the behavior of your student, _____, and activities of the past month and rate how often each statement is true.

1. When appropriate, this student talks to most peers at school.
Always Often Seldom Never
2. When appropriate, this student talks to selected peers (his/her friends) at school.
Always Often Seldom Never
3. When called on by his/her teacher, this student answers verbally.
Always Often Seldom Never
4. When appropriate, this student asks you (the teacher) questions.
Always Often Seldom Never
5. When appropriate, this student speaks to most teachers or staff at school.
Always Often Seldom Never
6. When appropriate, this student speaks in groups or in front of the class.
Always Often Seldom Never
- *7. When appropriate, this student participates nonverbally in class (i.e., points, gestures, writes notes).
Always Often Seldom Never
- *8. How much does not talking interfere with school for this student?
Not at all Slightly Moderately Extremely

Scoring: Always = 3, Often = 2, Seldom = 1, Never = 0

* These items are not included in total score.

Selective Mutism Questionnaire (SMQ)©

Please consider your child's behavior in the last two weeks and rate how frequently each statement is true for your child.

AT SCHOOL

1. When appropriate, my child talks to most peers at school.
Always Often Seldom Never
2. When appropriate, my child talks to selected peers (his/her friends) at school.
Always Often Seldom Never
3. When my child is asked a question by his/her teacher, s/he answers.
Always Often Seldom Never
4. When appropriate, my child asks his or her teacher questions.
Always Often Seldom Never
5. When appropriate, my child speaks to most teachers or staff at school.
Always Often Seldom Never
6. When appropriate, my child speaks in groups or in front of the class.
Always Often Seldom Never

HOME/FAMILY

7. When appropriate, my child talks to family members living at home when other people are present.
Always Often Seldom Never
8. When appropriate, my child talks to family members while in unfamiliar places.
Always Often Seldom Never
9. When appropriate, my child talks to family members that don't live with him/her (e.g., grandparent, cousin).
Always Often Seldom Never

10. When appropriate, my child talks on the phone to his/her parents and siblings.

Always Often Seldom Never

11. When appropriate, my child speaks with family friends who are well-known to him/her.

Always Often Seldom Never

12. My child speaks to at least one babysitter.

Always Often Seldom Never N/A

IN SOCIAL SITUATIONS (OUTSIDE OF SCHOOL)

13. When appropriate, my child speaks with other children who s/he doesn't know.

Always Often Seldom Never

14. When appropriate, my child speaks with family friends who s/he doesn't know.

Always Often Seldom Never

15. When appropriate, my child speaks with his or her doctor and/or dentist.

Always Often Seldom Never

16. When appropriate, my child speaks to store clerks and/or waiters.

Always Often Seldom Never

17. When appropriate, my child talks when in clubs, teams, or organized activities outside of school.

Always Often Seldom Never N/A

Interference/Distress*

18. How much does not talking interfere with school for your child?

Not at all Slightly Moderately Extremely

19. How much does not talking interfere with family relationships?

Not at all Slightly Moderately Extremely

20. How much does not talking interfere in social situations for your child?

Not at all Slightly Moderately Extremely

21. Overall, how much does not talking interfere with life for your child?

Not at all Slightly Moderately Extremely

22. Overall, how much does not talking bother your child?
Not at all Slightly Moderately Extremely
23. Overall, how much does your child's not talking bother you?
Not at all Slightly Moderately Extremely

Scoring: Always = 3; Often = 2; Seldom = 1; Never = 0

*These items are not included in total score and are for clinical purposes only.
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WEEKLY HOMEWORK FORM

CHILD: _____ THERAPIST: _____

THERAPIST CONTACT INFO: _____

DATE ASSIGNED: _____ → SESSION NUMBER: _____

ASSIGNMENT DESCRIPTION

Assignment #1: _____

Assignment #2: _____

Assignment #3: _____

Assignment #4: _____

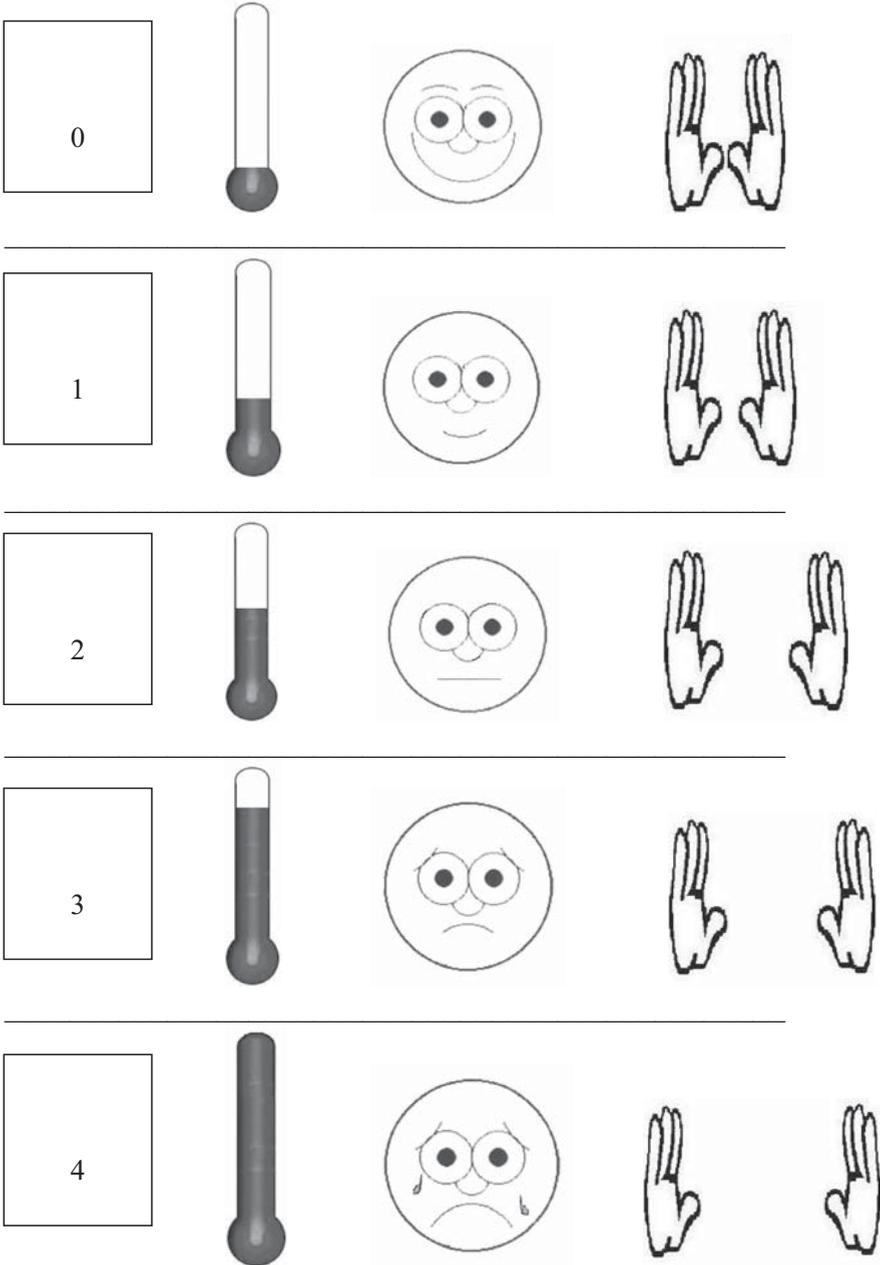
COMMENTS: _____

Please contact the therapist if you need any instructions of clarification.

PRIZE BRAINSTORMING FORM

Small Prizes	Medium Prizes	Large Prizes

FEELINGS CHART



SITUATION RATING FORM

Instructions: Describe specific situations and how difficult they are. Some of these situations should NOT include speaking and should be very easy situations so that this task is not overwhelming. Others should be speaking situations.

EASY:

Situation: _____

Situation: _____

Situation: _____

MEDIUM:

Situation: _____

Situation: _____

Situation: _____

HARD:

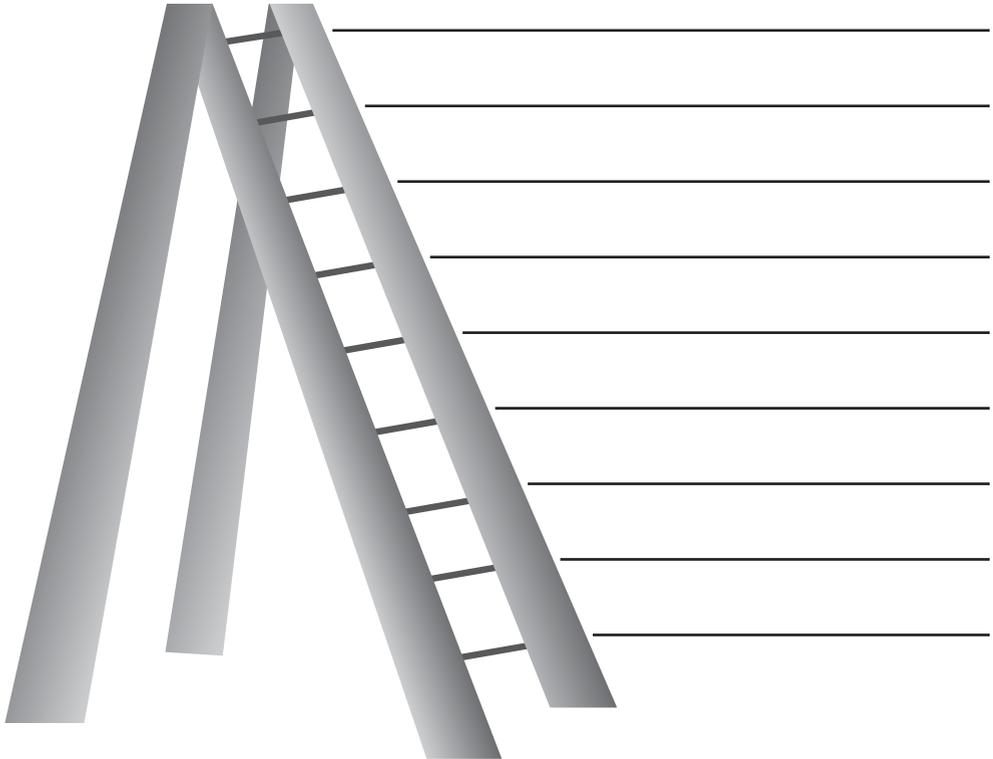
Situation: _____

Situation: _____

Situation: _____

TALKING LADDER

Instructions: List situations to work on, with the easiest situations at the bottom of the ladder and the hardest situations at the top.



PLAYDATE FORM

Date: _____ Parent-Observer: _____

Individuals Present: _____

Difficulty rating: _____ Setting: _____

Activities: _____

Parent Observations (record both verbal and nonverbal behavior):

CLASSMATE LIST

Instructions: Use this form to list the names of other children in class or program with your child. If child has trouble with one gender more than the other, please list them separately.

Name: _____ M/F

EXPOSURE ASSIGNMENT FORM

CHILD: _____ **PARENTS:** _____

Exposure with (circle one)

Teacher: _____ **P**arent: _____ **O**ther: _____

Date assigned: ____/____/____ → **S**ession **N**umber: _____

ASSIGNMENT DESCRIPTION

a) Assignment: _____

b) Reward expected: _____

PARENT/TEACHER, PLEASE RECORD OUTCOME: COMPLETED
 NOT COMPLETED

Please Describe Outcome of Assignment _____

Therapist Notes on Assignment

- c) Outcome of assignment:** Not attempted—not possible
- Not attempted—child did not tolerate
- Attempted not completed
- Completed as assigned
- Completed with modification

Child's feeling rating after exposure:     

Check here _____ if child rating not obtained

Explain outcome: _____

Other Individuals List

Use this form to list the children that your child knows from extracurricular activities outside of school and other adults that your child interacts with outside of school. They can be listed by name or type of person if adult (e.g., hairdresser, waiter).

CHILDREN:

_____ M/F

ADULTS:

_____ M/F

Exposure Ideas Form

CHILD: _____ PARENTS: _____ TEACHER: _____

DATE ASSIGNED: ____/____/____

General Areas of Remaining Difficulty:

Specific Ideas for Exposures:

PROGRESS CHART: _____ ACCOMPLISHMENTS!

Instructions: Use the space below to record the child's progress, for example, categories might include classmates, other kids, teachers, family members, or other adults.

Category (fill-in):

- _____
- _____
- _____

REMAINING GOALS WORKSHEET

GOAL	EXPOSURES	REWARD

Certificate of Achievement

This certificate is presented to

*for successful completion of the
Talking Program*
