



# Selective Mutism Anxiety Research & Treatment Center

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## Selective Mutism School Evaluation Form ©

FORM to be filled out by Teacher or other school professional within school setting

Date: \_\_\_\_\_

Name of Child : \_\_\_\_\_ Grade: \_\_\_\_\_ # of children/class \_\_\_\_\_

Name of school: \_\_\_\_\_

Educator/Professional's name: \_\_\_\_\_

Type of Teacher (ie. Classroom) /School Professional: \_\_\_\_\_

Teacher's Phone # (optional) \_\_\_\_\_ Email (optional) \_\_\_\_\_

Can Dr Shipon-Blum contact you via email or phone?? Yes or No (please circle)

1. Describe child's appearance (**body language**) and comfort level in the classroom?

2. Describe child's appearance (**body language**) and comfort level on the playground or school grounds?

3. Regarding **Academics**,

Child is performing: (Circle)

At grade level / below grade level / above grade level (please circle as applicable)

Elaborate if necessary:

Does child perform school work in a **timely and efficient** manner or does child need to be redirected? Please explain observations:

Does child hesitate and/or have difficulty initiating or completing tasks?

How does teacher assess academics?

\*Please add any more details of the child's academic performance that you think is important:

4. **Social Communication within the school environment:**

For listed individuals below, Please describe child's ability to:

RESPOND and INITIATE (i.e., Non-verbal; pointing, nodding, gesturing, writing, signing; Verbally: speaking, making sounds, grunts, animal sounds, etc)

**With Teacher:**

Rate child's overall **comfort** level with teacher (circle): (least) 0-1-2-3-4-5-6-7-8-9-10 (most)

**Nonverbal communication with teacher:**

Child can initiate nonverbally with teacher (go up to, make needs/wants known ie, indicate use of bathroom, feeling ill, etc. ) (Check off)

Never

Sometimes

Most of the time

All of the time

Comments:

Child can Respond nonverbally with teacher (point, nod, gesture, write, etc) (Check off)

Never

Sometimes

Most of the time

All of the time

Comments:

**Verbal Communication with teacher:**

Child responds verbally via whispering, speaking or making sounds in response to teacher's questions: (Check off)

Never

Sometimes

Most of the time

All of the time

Comments:

Child initiates verbally (goes up to and make needs/wants known) to teacher? (Check off)

Never

Sometimes

Most of the time

All of the time

Comments:

### **With Other Children:**

**Which statement describes child's social comfort with classroom peers:**

Is comfortable with MOST peers

Is comfortable with SOME peers

Is comfortable with 1-2 peers

Is not comfortable with ANY peers

Comments:

### **Nonverbal Communication with peers within class/playground**

Child responds nonverbally (pointing, nodding, and/or writing, etc) to: (check off)

No children within class/playground

One or two children within class/playground

small group children within class/playground

Most children within class/playground

Comments:

Child initiates nonverbally (goes up to, make needs/wants known) to: (check off)

No children within class/playground

One or two children within class/playground

small group children within class/playground

Most children within class/playground

Comments:

### **Verbal Communication with peers within class/playground**

Child can respond verbally (whispers to, speaks quietly or normally to) with: (check off)

No children within class/playground

One or two children within class/playground

small group children within class/playground

Most children within class/playground

Comments:

Child can Initiate verbally (Goes up to and whispers, speaks quietly or normally) with: (check off)

No children within class/playground

One or two children within class/playground

small group children within class/playground

Most children within class/playground

Comments:

**How does child communicate with his/her parents within the school environment:**

Comments:

**How does child communicate with most other school personnel (Art, Music, Gym, Principal, etc)**

Comments?

**Within Group Settings:**

**Which statement describes child's comfort within a **GROUP** setting:**

- Child is comfortable and participates (although may be mute) in ANY size group
- Child is visibly uncomfortable in large group setting within the classroom
- Child is comfortable in small group setting (4-7 children) within the classroom
- Child is comfortable with FEW children present (2-3 children) within the classroom
- Child is comfortable in a setting with only ONE other child within the classroom
- Child is NOT comfortable in the classroom in ANY size group

Comments:

**Regarding child's communication within a **GROUP** setting:**

How does child communicate in a **LARGE** group setting?

- Does not communicate
- Communicates nonverbally
- Communicates via verbal intermediary (whispers thru friend/teacher)
- Communicates verbally

Comments:

How does child communicate in a **SMALL** group setting?

- Does not communicate
- Communicates nonverbally
- Communicates via verbal intermediary (whispers thru friend/teacher)
- Communicates verbally

5. Does child receive **SPECIAL SERVICES** within the school setting?  
 NO     YES    If so, What type:  504    or  IEP    or  Other

Describe specific 'Type(s) of service(s)' and child's progress or response (ie. Friendship group, etc?)

6. Additional comments/concerns that you would like to mention that would help in the child's evaluation and assessment process:

\*\*This information will help in the evaluation and assessment process for the above named student for the evaluation of social communication skills and 'mutism' within the school environment. Your results are confidential but will enable for the development of a school treatment plan to help the child overcome their anxiety.

