**Thriving Minds Selective Mutism Intake**

Most Comfortable Communication Partners:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child speak to his/her most comfortable communication partners anywhere YES NO

**Additional Communication Partners** *Check all that apply*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Where?Who? | When alone | When others are nearby | In front of a group | Comments: |
| Grandparents |  |  |  |  |
| Aunts |  |  |  |  |
| Uncles |  |  |  |  |
| Cousins (children) |  |  |  |  |
| Cousins (adults) |  |  |  |  |
| Baby sitter(s), if applicable |  |  |  |  |
| Neighborhood adults |  |  |  |  |
| Neighborhood kids |  |  |  |  |
| Family friends (adults) |  |  |  |  |
| Family friends (kids) |  |  |  |  |

**School Communication** *Check all boxes that apply.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Where?Who? | When alone | When others are nearby | In front of a group | Comments: |
| Primary Teacher(s) |  |  |  |  |
| Teacher’s Aide (if applicable) |  |  |  |  |
| Specials Teachers |  |  |  |  |
| Best Friend(s) |  |  |  |  |
| Other Friends |  |  |  |  |
| Other Classmates |  |  |  |  |
| Resource Room Teacher/ Speech Teacher/ Social Worker/ OT |  |  |  |  |
| Principal  |  |  |  |  |
| Adult Classroom Volunteers |  |  |  |  |
| Coach (if applicable) |  |  |  |  |

Does your child speak in partnered/group activities? YES NO

Has your child ever done a show n’ tell or classroom presentation? YES NO

 If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child play with other children at recess? YES NO

 If yes, does s/he speak to the other children? YES NO

 **Community Communication** *Check all boxes that apply*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  How?Who? | Nonverbal | Responding to a question | Initiating Interaction | Comments: |
| Server |  |  |  |  |
| Prior (or local) therapist |  |  |  |  |
| Doctor |  |  |  |  |
| Dentist |  |  |  |  |
| Store employees |  |  |  |  |
| Fellow shoppers  |  |  |  |  |
| Kids at a park/arcade/etc. |  |  |  |  |

Will your child greet others, when greeted? YES NO

Will your child use social niceties in public (e.g., “please” and “thank you?”) YES NO

Does your child make appropriate eye contact in public, as far as you can tell? YES NO

Does your child use an appropriate volume in public, as far as you can tell? YES NO

Any additional comments about situations that your child struggles to speak:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional comments about places your child successfully interacts:

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