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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UCLA Semel Institute for Neuroscience and Human Behavior
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.
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<th>Small Prizes</th>
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**PRIZE BRAINSTORMING FORM**
FEELINGS CHART

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4
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):

________________________________________________________________________
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### 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.

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## CLASS CHART

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<thead>
<tr>
<th>Child’s Name</th>
<th>Description of Speech</th>
<th>Where Speech Has Occurred</th>
<th>Quality of Speech</th>
<th>Playdate?</th>
<th>Spoken To Child’s Parents?</th>
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EXPOSURE ASSIGNMENT FORM

CHILD: _________ PARENTS: ________________________________

Exposure with (circle one)

TEACHER: ___________ PARENT: ___________ OTHER: ___________

DATE ASSIGNED: ____/____/____ → SESSION NUMBER: _______

ASSIGNMENT DESCRIPTION

a) Assignment: __________________________________________________________
______________________________________________________________________

b) Reward expected: _____________________________________________________
______________________________________________________________________

********************************************************************************

PARENT/TEACHER, PLEASE RECORD OUTCOME: ○ COMPLETED
○ NOT COMPLETED

Please Describe Outcome of Assignment _______________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Therapist Notes on 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).

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### OTHER INDIVIDUALS CHART

<table>
<thead>
<tr>
<th>Individual’s Name</th>
<th>Description of Individual</th>
<th>Description of Speech</th>
<th>Quality of Speech</th>
<th>Normal Spontaneous Speech?</th>
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Exposure Ideas Form

CHILD: _______________ PARENTS: _______________ TEACHER: _______________

Date assigned: _______/_______/_______

General Areas of Remaining Difficulty:

______________________________________________________________________
______________________________________________________________________
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Specific Ideas for Exposures:

______________________________________________________________________
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______________________________________________________________________
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):
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•
•

Category (fill-in):
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•
•

Category (fill-in):
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Category (fill-in):
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Category (fill-in):
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•
REMAINING GOALS WORKSHEET

<table>
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<tr>
<th>GOAL</th>
<th>EXPOSURES</th>
<th>REWARD</th>
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Certificate of Achievement

This certificate is presented to

for successful completion of the Talking Program

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