



**Selective Mutism Comprehensive Diagnostic Questionnaire- Brief School**  
**SM-CDQ-Brief School©**

**School Evaluation For Selective Mutism**

**Author: Dr. Elisa Shipon-Blum**

The SM-CDQ-Brief is used to help in the evaluation of the child with symptoms of Selective Mutism to help develop a diagnosis and the development of school-based accommodations/interventions.

This form is specific to parents or guardians of children who have signs and symptoms of Selective Mutism.

Please fill out to the best of your ability. Please send back to us at least 48 hrs prior to your consultation.

**FAX:** 215-827-5722 **or E-mail:** [smartcenter@selectivemutismcenter.org](mailto:smartcenter@selectivemutismcenter.org)

**Attn: Consultation**

-----  
Today's date: \_\_\_\_\_

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

Child's Age: \_\_\_\_\_

Grade in School: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_

**Please answer the following questions:**

Has your child been formally diagnosed with Selective Mutism (Yes/No)? \_\_\_\_\_  
If yes, when? \_\_\_\_\_

***Has your child ever been diagnosed with or had symptoms of:***

**Developmental delays:** Delayed in speech, gross or fine motor? \_\_\_\_\_  
Diagnosed (Y/N): \_\_\_\_\_ If not diagnosed, has child shown symptoms (Y/N)? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did child receive or is receiving early intervention services? (Y/N)? If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

**Speech/Language abnormality:** Symptoms at home with parents: difficulty explaining concepts, hesitates with verbally responding, says 'I don't know' often when questioned. Gets easily frustrated when needing to explain. Mispronounces certain sounds/words, etc?

Diagnosed (Y/N): \_\_\_\_\_ If not diagnosed, has child shown symptoms (Y/N)? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**Sensory Processing Disorder:** Symptoms: sensitive to sounds, lights and clothes, picky eating, shuts down in groups and unable or has difficulty engaging with others, becomes easily overwhelmed in social settings.

Diagnosed (Y/N): \_\_\_\_\_ If not diagnosed, has child shown symptoms (Y/N)? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**Learning Disability:**

Diagnosed (Y/N): \_\_\_\_\_ If not diagnosed, has child shown symptoms (Y/N)? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**Social Anxiety symptoms:**

Diagnosed (Y/N): \_\_\_\_\_ If not diagnosed, has child shown symptoms (Y/N)? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**Medical or psychological disorders:**

Was child ever diagnosed with Selective Mutism (Y/N)? \_\_\_\_\_ if so, when? \_\_\_\_\_

By whom? \_\_\_\_\_

Diagnosed with any other medical or psychological disorders (Y/N)? \_\_\_\_\_

If not diagnosed, has child shown symptoms of SM, generalized anxiety, phobias, OCD, depression? (Y/N)? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is your child **bilingual** or do you speak more than one language in your home (Y/N)? \_\_\_\_\_

If yes, what language does your child primarily speak at home? \_\_\_\_\_

Did your child speak English when placed into an English speaking school (Y/N)? \_\_\_\_\_

Please explain: \_\_\_\_\_

**History of Mutism:**

When did you first notice your child's mutism? \_\_\_\_\_

Did your child suddenly develop mutism (Y/N)? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Was your child timid, cautious and restrained in new or unfamiliar settings when he/she was a baby or young toddler (Y/N)? \_\_\_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Is there a family history of social anxiety or other anxiety disorders (Y/N)? \_\_\_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

### **Home:**

Does your child speak and communicate normally at home with immediate family (Y/N)? \_\_\_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Summarize who your child can speak to outside of the immediate family: \_\_\_\_\_  
\_\_\_\_\_

Does your child speak to YOU near or in front of others (Y/N)? \_\_\_\_\_

if so, explain: \_\_\_\_\_

When comfortable, does your child play and interact with same-aged peers in a socially appropriate manner (Y/N)? \_\_\_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child get together with any school peers at home (Y/N)? \_\_\_\_ If yes, How many peers? \_\_\_\_

How does your child communicate with these peers at home? \_\_\_\_\_

At school? \_\_\_\_\_

When guests come over to the home, how does your child interact and communicate? \_\_\_\_\_  
\_\_\_\_\_

### **Public Settings:**

In stores or restaurants, how does your child respond when a store clerk or waiter asks him/her a question? \_\_\_\_\_  
\_\_\_\_\_

In public settings, when you are present, how does your child communicate his/her needs? \_\_\_\_\_  
\_\_\_\_\_

Can your child whisper to you in the presence of those he/she is not able to speak to (Y/N)? \_\_\_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child make any sounds in his/her mute settings (Y/N)? \_\_\_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

## School:

Does your child like going to school (Y/N)? \_\_\_\_\_

Please explain: \_\_\_\_\_

Describe your child's body language and overall comfort in school: \_\_\_\_\_

Is your child on, above, or below grade level? \_\_\_\_\_

Does your child start tasks without difficulty (Y/N)? \_\_\_\_\_

Does your child complete tasks in a timely manner (Y/N)? \_\_\_\_\_

Does your child need redirection or consistent reminders to stay on task (Y/N)? \_\_\_\_\_

Please explain: \_\_\_\_\_

How does your child respond to teachers? \_\_\_\_\_

How does your child communicate with peers? \_\_\_\_\_

Describe your child's interaction with a few children, small groups, and larger groups: \_\_\_\_\_

Has your child received therapy for Selective Mutism (Y/N)? \_\_\_\_\_

If yes, explain the type of therapy/therapies, your child's progress, and your child's present difficulties that remain: \_\_\_\_\_

Please summarize your child's present social and communication difficulties and to inform me of anything else that you believe is relevant: \_\_\_\_\_

Pease initial if you understand the following: \_\_\_\_\_

**\*\* Please note that a school evaluation done within the school setting is based on information presented to you, observing your child in the class and/or school staff consultation. A 'School Evaluation for Selective Mutism,' either onsite or at the center, does not to replace a formal assessment and evaluation with Dr. Shipon-Blum. At no time is there a doctor-patient relationship established from this consultation. Donna Spillman Kennedy MS, CCC/SLP, is a consultant with the SMart Center and performs 'School Evaluations for Selective Mutism''**