

NAME: _____ DATE: _____

Older Child/Teen Follow-Up Form ©

Please fill this out before your next appointment and bring with you!

With this group of games/goals,



I received _____ stars, stickers, tokens and/or _____ rewards!

Some of the rewards I received were:

1. _____
2. _____
3. _____
4. _____
5. _____

Other rewards I would like to work towards are:

1. _____
2. _____
3. _____
4. _____
5. _____

Comments:

I feel:



_____ Really good about this!



_____ Like I could have done better

_____ Other: _____

I feel as if my goals were:

_____ Easy

_____ Just right

_____ TOO difficult



The easiest goal was: _____



The hardest goal was: _____

If a goal was not done, it was because:

_____ I did not have the opportunity to do the goal.

Which ones? _____

_____ The goal was too hard.

Which ones? _____



Of all of the goals that I did, I feel the most proud about:

Other things that I did that I feel proud about:

(1) _____

(2) _____

(3) _____

Things I would like to be able to do, but those are still hard for me, are:

(1) _____

(2) _____

(3) _____

Since I started working on 'feeling more comfortable' and trying to overcome Selective Mutism, I feel that I am more comfortable with:

(1) _____

(2) _____

(3) _____



Being able to ASSESS and understand my feelings is:

____ Easy for me

____ Not too hard, but I still need more practice

____ Still hard for me to do, and I need practice

Overall, working on goals and helping myself feel more comfortable communicating with others is:

____ Very important to me

____ Not really sure

____ I do not think this is important at all. Why not? _____

Since I started, I feel as if I have improved in terms of my selective mutism between 0----->10, where 10 is the MOST improved and 0 is the least improvement:

10 9 8 7 6 5 4 3 2 1 0

Additional comments:
