**Selective mutism referral questionnaire**

Thank you for your referral to Children’s Therapies for concerns relating to selective mutism (SM) for the above child or young person (CYP). In order for us to process the referral, please fill in the below questionnaire as fully as possible through liaison with supporting staff and parents/carers. If the questionnaire has not been completed, the referral may be rejected.

If you have not accessed the online training or have answered no to five or more questions within this questionnaire, you may not be ready to refer to the service and your referral may be rejected.

Training: <https://www.kentcht.nhs.uk/childrens-therapies-the-pod/speech-and-language-therapy/selective-mutism/>

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| Has the above CYP been assigned an adult in their school setting to manage and support their SM? | Yes/No  *If yes, please detail their role (e.g. classroom teaching assistant)* |
| Has this adult completed SM training within the last two years? | Yes/No |
| Has either the adult or another representative from school/nursery shared information regarding SM amongst all staff who come into contact with the above CYP, including:   * office staff * lunch duty staff * all classroom staff * other staff that might come into contact with the CYP such as headteachers, cover teachers, heads of year | Yes/No  *Please provide details of who this information has been shared with and how this is being monitored* |
| Have the school/nursery setting completed a review of the above CYP’s classroom/s to ensure there are no factors that are maintaining their SM? | Yes/No  *If yes, please provide information on adaptions that have been made* |
| Is the assigned adult setting aside weekly 1:1 time with the above CYP to build rapport/monitor well-being/support their SM? | Yes/No |
| Pre-school only  Has the assigned adult been using informal techniques as recommended in the training to support the child?  Informal techniques may include informal sliding in, talking though parents, graded questioning sequence, triangle technique etc. | Yes/No  *If yes, please outline informal techniques that have been used* |
| Primary/secondary only  Has the key worker started implementing a formal selective mutism small steps programme with the above CYP as recommended in the training? | Yes/No  *If yes, please outline programme dates and detail targets achieved, and current progress* |
| Has one or both of the above CYP’s parents/carers attended SM training within the last two years? | Yes/No |
| Is there regular communication between the above CYP’s parents/carers and school/nursery setting to ensure a joint and consistent approach and to ensure information is shared between parties? | Yes/No  *If yes, please detail method and frequency of communication.*  *If no, please outline any barriers that are preventing this.* |

Yours sincerely,

**Children’s Therapies**