CASE
excellence through collaboration

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# CASE Selective Mutism Support Referral Form

| | | | |
|---|---|---|---|
| Student Name: | | Date: | |
| School: | | District: | |
| Teacher: | | Grade: | |

| | | |
|---|---|---|
| Does the student have an IEP?<br>◯ Yes<br>◯ No | Does the student have a 504 Plan?<br>◯ Yes<br>◯ No | Type of Classroom<br>◯ Gen ed<br>◯ Special Ed |

Background Information

- ☐ History of Selective Mutism within the family
- ☐ Diagnosis of anxiety

Observed behaviors (check all that apply)

- ☐ Student will talk to select peers
- ☐ Student will talk to select teachers
- ☐ Student will participate non-verbally
  (if yes, please describe what that looks like in background information about the student)
- ☐ Student will talk to parents at school
- ☐ Student talk to parents at home
- ☐ Difficulty eating at school
- ☐ Difficulty using the restroom at school

Please share educational impact and any other background information about the student:

Best times/days of week to meet with the team:

Parents/Guardian have been made aware of this request for consultation submitted on behalf of their child's educational team.

Referral Contact Name: _____ Email: _____

**Special Education Director Signature** _____

Please return this form to:

Tricia Sharkey
Assistant Director, CASE
tsharkey@casedupage.com