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? Yes No	Does the student have a 504 Plan? Yes No	Type of Classroom Gen ed 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
Administrator of Student Support Services, CASE
tsharkey@casedupage.com