Music Therapy Questionnaire

| Name: | Birthday: | | | |
|---|---|------------------------|-----------------------|--|
| Parents: | F | Phone: | | |
| Address: | | | | |
| Diagnosis: | | | | |
| Diagnosis: Has the person ever had any musical training? Music groups | | | | |
| Kinder | musik Choir N | Music Class School | Music | |
| New Age | sic do you like? (Cir Country Soundtracks Rap Other | Bluegrass Classical | R&B Top 40 Jazz | |
| 3. Name some favorite songs | | | | |
| 4. Is there any music they dislike or particular songs? | | | | |
| 5. Does the person rock or dance to music? | | | | |
| 6. Are they motivated by music? | | | | |
| 7. Do you have any musical instruments at home? If so what? | | | | |
| 8. Does anyone in your family play an instrument? If so what? | | | | |
| Please continue answering questions on the back | | | | |

| 9. Do you sing to the person? V | Vhat? how often | | | |
|--|--|--|--|--|
| 10. Do they go to bed listening to music? | What? | | | |
| 11. What goals are you hoping to accom | plish through music? (Circle yes) (x-No) | | | |
| Attention Span Increase Focusing Gross Motor Cognitive Skills Behavioral Skills Eye contact Turn Taking Expression of feeling | Eye-hand coordination Increase Fine motor Increase Speech/articulation Relaxation Skills Follow directions Sequencing Skills Grasping Skills Other? | | | |
| 12. Are you interested in Group or individual sessions? | | | | |
| 13. Would you mind sharing your religiou | us affiliation, if any? | | | |
| 14. Are they sensitive to sound? Trains? | Can they hear sounds before you? Alarms? | | | |
| 15. Tell me three strengths about this pe | erson. | | | |
| is \$40.00 per session due at time of services for those who quality. PPL Waiver Good approved and budgeted. Please talk to the services of the services are selected. | ds and Services is also accepted if | | | |