

Music Therapy Assessment Request Checklist

NAME:

DATE OF BIRTH:

SCHOOL AND DISTRICT:

FILLED OUT BY:

This form was developed in order to aid IEP teams in determining if a student could be a candidate for a music therapy eligibility assessment. Please consult with the teacher, parent(s), therapists and other members of the IEP team and fill out this form based on their responses. Focus on a comparison of behaviors and skills demonstrated during musical activities versus those demonstrated during non-musical activities. Please circle the appropriate response.

Does the student demonstrate a significantly increased response to music stimuli in the following skill areas?

COGNITIVE FUNCTION:

| | | | | |
|--|-----|----|------|------------|
| General alertness, attention | yes | no | same | don't know |
| Attention to task | yes | no | same | don't know |
| Ability to follow directions | yes | no | same | don't know |
| Attempting difficult or disliked tasks | yes | no | same | don't know |
| Comprehension of information | yes | no | same | don't know |
| Sequencing tasks | yes | no | same | don't know |
| Repeating patterns | yes | no | same | don't know |

COMMUNICATION:

| | | | | |
|--|-----|----|------|------------|
| Vocalization/verbalization | yes | no | same | don't know |
| Use of gestures and/or signs | yes | no | same | don't know |
| Verbalizing/singing to complete familiar phrases | yes | no | same | don't know |
| Verbalizing/singing to complete phrases or sentences | yes | no | same | don't know |
| Sing better than speak | yes | no | same | don't know |
| Speech prosody | yes | no | same | don't know |
| Vocal volume awareness and control | yes | no | same | don't know |

SOCIAL/EMOTIONAL/BEHAVIORAL FUNCTION:

| | | | | |
|--|-----|----|------|------------|
| Eye contact | yes | no | same | don't know |
| Remaining in group | yes | no | same | don't know |
| Taking turns | yes | no | same | don't know |
| Attempting/completing tasks as modeled by others | yes | no | same | don't know |
| In seat behaviors | yes | no | same | don't know |
| Self esteem | yes | no | same | don't know |
| Ability to identify emotions in self and others | yes | no | same | don't know |
| Ability to process emotions of self and others | yes | no | same | don't know |

SENSORY/MOTOR FUNCTION

| | | | | |
|----------------------------|-----|----|------|------------|
| Grasps objects/instruments | yes | no | same | don't know |
| Uses bilateral grip | yes | no | same | don't know |
| Gross motor movement | yes | no | same | don't know |
| Fine motor skill | yes | no | same | don't know |
| Moves across midline | yes | no | same | don't know |
| Visual-motor coordination | yes | no | same | don't know |
| Steady, even gait | yes | no | same | don't know |

If after using this form, the IEP team determines that the student IS appropriate for a music therapy eligibility assessment, please contact a qualified, board-certified music therapist.