



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 nonmusical 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	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.