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 prosity: 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.