**In Harmony Music Therapy Services, L.L.C.**

**Music Therapy Intake Form**

**Please return to:**

Bridget Shevlin MT-BC

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**Please note**: Questions on this form are for the sole purpose of collecting background information on each client in order to develop an individualized music therapy program to meet his/her unique needs. All given information is strictly confidential.

**CONTACT INFORMATION**

Client’s Name: Parent/Guardian Name: Phone: E-mail:Address:City: Zip Code:



**ENROLLMENT INFORMATION**

Date of Birth:



What type of music therapy session do you/your child prefer?

**Individual Music Therapy Session:**

25 min. 30 min. 45 min. 60 min.

**Group Music Therapy Session:**

45 min. 60 min.

**ACADEMIC & COGNITIVE INFORMATION**

Where does the child attend school?



In what grade/level is the child enrolled?



Does the child have an aide in school? Yes No

Is the child mainstreamed during the school day? If so, for which classes?

Does the child work in a vocational setting? If so, please describe.



Does the child have an IEP or other formal treatment plan? Yes No



Is the child able to read? If so, what level?

Is the child able to write? If so, please describe.



Is the child able to use the computer or similar technology? Yes No

Is the child able to identify colors, number, and letters? Please describe.



Does the child benefit from a visual or written schedule? If so, please describe.



Is the child able to follow directions independently? Please describe.



Does the child have difficulty maintaining attention to directions and/or tasks? Please describe.



**OTHER THERAPIES & ACTIVITIES**

Does the child receive any therapies (OT, PT, SLP, Counseling) at school? If so, please list.



Does the child participate in any private therapies outside of school? If so, please list.



Is the child enrolled in any extracurricular activities? If so, please list.



**MOTOR SKILLS**

Does the child have any gross motor difficulties?   Yes No

Is the child fully ambulatory?  Yes No

Does the child have any fine motor difficulties?  Yes No

Is the child able to perform fine motor tasks with both hands?  Yes No

Does the child frequently drop items or have difficulty holding items?

Yes No

**SENSORY**

Does the child have hearing or vision deficits? YES NO

If so, please describe.



Does the child have sensory processing issues? YES NO

If so, please describe.



Does the child become over-stimulated? YES NO

If so, please describe.



Does the child engage in any repetitive behaviors? YES NO

If so, please describe.



**COMMUNICATION**

Does the child display any speech or language difficulties? If so, please describe.



Does the child communicate verbally? YES NO

Does the child use augmentative or alternative communication? If so, please list.



Do others easily understand the child’s speech? YES NO

Does the child ask/answer questions? YES NO

**EMOTIONAL**

Does the child appropriately display emotions? YES NO

Does the child possess any abnormal fears or anxiety? YES NO

If so, please describe.



Does the child tantrum or anger easily? YES NO

Has the child suffered any emotional trauma or recent life changes?

YES NO (If so, please describe.)



**SOCIAL**

Does the child have any social difficulties? YES NO

If so, please describe.



Are there particular settings in which your child experiences more difficulties?

YES NO (If so, please describe.)



How does your child interact with peers?



How does your child interact with family members?



 Does the child engage in conversation with others? YES NO

Does the child participate appropriately in group activities? YES NO

Does the child participate appropriately in 1:1 settings? YES NO

Does the child have any special skills or interests? If so, please describe.



**ADDITIONAL INFORMATION**

Please describe the child’s strengths.



Please describe the child’s area(s) of need.



What benefit(s) do you anticipate from music therapy?



Please list any additional information you feel is important.

