



Music Therapy - Parent Questionnaire

Participant's Name: _____

Parent/Guardian's Name: _____

Please explain your participants' needs so that we may properly assess and offer the best treatment plan.

What are you hoping for the participant to gain from music therapy?

What prior music experience does the participant have?

What is the participant's preferred style of music? Do they have any favorite songs, artists, or musical movies?

Is there any important cultural, ethnic, heritage, or religious information that you would like to share?

Some music explores sensitive subjects or uses strong language. If the participant requests this type of music, what are your censorship preferences? (Clean versions only, original versions, some words/subjects are acceptable, avoid certain subjects?)

Are there specific songs or music styles that are calming to the participant?

Are there specific songs or music styles that are overstimulating, frustrating, or disliked?

Any other considerations or information you would like the music therapist to know?
