



Healing Rhythm Music Therapy

541-212-1716 *Serving the Lower Treasure Valley*

STUDENT INTAKE FORM

To ensure we have the information we need to best serve our students, please complete the following form with as much detail as possible. It will take approximately 30 minutes to finish. If you have any questions, please feel free to contact us at any time. Thank you!

Contact Information

INTAKE DATE _____

STUDENT NAME _____ BIRTHDATE _____

PARENT/GUARDIAN NAMES _____

ADDRESS _____

HOME/CELL PHONE _____ EMAIL _____

GENDER (circle) M F

DIAGNOSIS: _____

PREFERRED CONTACT METHOD (Circle) Home phone Cell Text Other _____

DOES THE STUDENT HAVE SIBLINGS? (circle) YES NO

If YES, Please list names & ages _____

REFERRED BY _____

General Information

WHAT DURATION OF SESSION, LESSON, OR CLASS ARE YOU INTERESTED IN? (Circle)

30 minutes 45 minutes 60 minutes I don't know.

AVAILABILITY - TIMES _____

AVAILABILITY - DATES (circle) Mon Tue Wed Thu Fri

YOUR REQUESTS, EXPECTATIONS AND GOALS REGARDING MUSIC LESSONS.

IS THE STUDENT ON ANY MEDICATIONS? (Circle) NO YES

If YES please list. _____

DOES THE STUDENT HAVE ANY ALLERGIES OR SENSITIVITIES? (circle) NO YES

If Yes please list. _____

ARE THERE ANY PRECAUTIONS I SHOULD TAKE IN WORKING WITH THE STUDENT? (i.e. seizures, biting, etc.) (circle) NO YES

If yes, please define. _____

Music

HAS THE STUDENT EVER BEEN IN MUSIC THERAPY BEFORE? (circle) NO YES

If yes, Where? _____ MUSIC LESSONS? (circle) NO YES,

If Yes, How long? _____

HAS THE STUDENT HAD ANY OTHER MUSICAL EXPERIENCE? (band/choir) (circle) NO YES

If yes, please define. _____

DO YOU BELIEVE THE STUDENT HAS ANY PARTICULAR MUSICAL APTITUDE, SKILLS OR ABILITIES? (circle) NO YES

If yes please define. _____

ARE THERE INSTRUMENTS IN WHICH HE/SHE IS PARTICULARLY INTERESTED? _____

HOW DOES THE STUDENT RESPOND TO MUSIC? (circle) DANCE SING PLAY INSTRUMENTS

LIST THE STUDENT'S FAVORITE STYLE OF MUSIC. _____

LIST THE STUDENT'S FAVORITE ARTISTS OR SONGS. _____

ARE THERE ANY MUSICIANS IN THE STUDENT'S IMMEDIATE FAMILY? (circle) NO YES

If YES please list. _____

Academic

WHAT SCHOOL DOES THE STUDENT ATTEND? _____

DOES THE STUDENT HAVE AN IEP (Individualized Education Plan)? (circle) YES NO

IS THE STUDENT MAINSTREAMED? (circle) YES NO

DOES THE STUDENT PARTICIPATE IN ANY OTHER THERAPIES? (circle) NO YES

If yes, Please list. _____

DOES THE STUDENT MATCH COLORS? (circle) YES NO

VERBALLY LABEL COLORS? (circle) YES NO

DOES THE STUDENT UTILIZE ONE-TO-ONE CORRESPONDENCE WHEN COUNTING? IN OTHER WORDS, DO THEY SKIP NUMBERS OR KEEP THEM IN ORDER WHEN COUNTING? (circle)

YES NO

DOES THE STUDENT IDENTIFY AND LABEL NUMBERS? (circle) YES NO

DOES THE STUDENT READ? NO YES, If yes, at what level? _____

DOES THE STUDENT WRITE OR PRINT INDEPENDENTLY? NO YES With which hand? _____

LETTERS? YES NO

DOES THE STUDENT HAVE DIFFICULTY ORGANIZING SCHOOL WORK? NO YES

If yes, please describe. _____

DOES THE STUDENT USE A VISUAL SCHEDULE WITH ICONS/GRAPHICS? YES NO

WRITTEN SCHEDULE? YES NO

PLEASE IDENTIFY THE STUDENT'S ABILITY TO FOLLOW DIRECTIONS INDEPENDENTLY. (Circle all that apply.)

ONE STEP DIRECTIONS **TWO STEP DIRECTIONS**

THREE STEP DIRECTIONS **MULTI-STEP/COMPLEX DIRECTIONS**

DOES THE STUDENT HAVE DIFFICULTY MAINTAINING ATTENTION TO DIRECTIONS AND TASKS?

(circle) NO YES If yes please describe _____

Gross & Fine Motor

HAVE YOU NOTICED THAT THE STUDENT HAS HAD ANY GROSS MOTOR DIFFICULTIES? (circle)

NO YES, If yes, please define. _____

IS THE STUDENT FULLY AMBULATORY? YES NO

If Yes, please define. _____

DOES THE STUDENT REQUIRE PHYSICAL ASSISTANCE? (circle) YES NO

If yes, please define. _____

DOES THE STUDENT HAVE FULL USE OF ALL HIS/HER LIMBS? (circle) YES NO

If No, please define. _____

HAVE YOU NOTICED THAT THE STUDENT HAS ANY FINE MOTOR DIFFICULTIES? (circle)

NO YES If Yes please define. _____

IS THE CHILD ABLE TO PERFORM FINE MOTOR TASKS WITH BOTH HANDS? (circle)

YES NO If no please define. _____

DOES THE STUDENT FREQUENTLY DROP ITEMS OR HAVE DIFFICULTY HOLDING OBJECTS?

NO YES, If Yes please define. _____

HAS THE STUDENT BEEN DIAGNOSED WITH HIGH/LOW MUSCLE TONE? NO YES

If yes, please describe. _____

Expressive Communication

HAVE YOU NOTICED THAT THE STUDENT HAS ANY SPEECH OR LANGUAGE DIFFICULTIES?

NO YES If yes please define. _____

DOES THE STUDENT COMMUNICATE VERBALLY? USE AN AUGMENTATIVE COMMUNICATION DEVICE? (circle) YES NO

DOES THE STUDENT COMMUNICATE USING SIGN LANGUAGE? (circle) YES NO

DO YOU EASILY UNDERSTAND THE STUDENT? (circle) YES NO

If no, Please define. _____

DOES THE STUDENT HAVE ANY IDIOSYNCRATIC SPEECH (language with private meanings or meaning that only makes sense to those familiar with the situation where the phrase came from)? (circle) NO YES

If yes, please define. _____

DOES THE STUDENT SPEAK IN COMPLETE SENTENCES? YES NO

MAKE INDEPENDENT COMMENTS? YES NO

DOES THE STUDENT ANSWER QUESTIONS? ASK QUESTIONS? YES NO

DOES THE CLIENT ENGAGE IN BACK AND FORTH CONVERSATIONS? NO YES

If yes, how many exchanges? _____

Receptive Communication/Auditory Perception

HAS THE STUDENT BEEN DIAGNOSED WITH ANY HEARING DIFFICULTIES? (circle) NO YES

If yes, please define. _____

DOES THE STUDENT HAVE DIFFICULTY HEARING SOUNDS OR UNDERSTANDING SPEECH?

NO YES, If yes please define. _____

DOES THE STUDENT HAVE A HISTORY OF EAR INFECTIONS? NO YES

If yes, please define. _____

DOES THE STUDENT UNDERSTAND OR REACT TO WHAT IS BEING SAID TO HIM/HER?

YES NO If no, please explain. _____

Emotional

DOES THE STUDENT DISPLAY EMOTIONS APPROPRIATELY? YES NO

DOES THE STUDENT DISPLAY ANY ABNORMAL FEARS OR ANXIETIES? NO YES

If Yes, please describe. _____

DOES THE STUDENT ACT OUT, TANTRUM, OR GET ANGRY EASILY? YES NO

HAS THE STUDENT SUFFERED ANY EMOTIONAL TRAUMA OR RECENT CHANGE IN LIFE

CIRCUMSTANCES? NO YES If yes, please describe. _____

Social

HAVE YOU NOTICED THAT THE STUDENT HAS ANY SOCIAL DIFFICULTIES? NO YES

If yes, please define. _____

DESCRIBE THE STUDENT'S SOCIAL SKILLS WITH PEERS. _____

DOES THE STUDENT HAVE A SOCIAL GROUP OF AGE-LIKE PEERS? YES NO

DOES THE STUDENT PARTICIPATE IN CONVERSATION AND PLAY WITH OTHERS? YES

NO If no please define. _____

DOES THE STUDENT PARTICIPATE APPROPRIATELY IN GROUP ACTIVITIES? YES NO

If no, please define. _____

DOES THE STUDENT HAVE ANY PARTICULAR DIFFICULTY IN SCHOOL OR OTHER SOCIAL SITUATIONS? NO YES, If yes, please define. _____

HAS THE STUDENT BEEN INVOLVED IN ANY THERAPEUTIC SOCIAL SKILLS GROUPS?

NO YES Please list. _____

DESCRIBE THE STUDENT'S SOCIAL SKILLS WITH FAMILY MEMBERS. _____

DOES THE STUDENT INTERACT WELL ON A ONE-TO-ONE BASIS? YES NO

If no please define. _____

DOES THE STUDENT HAVE ANY SPECIAL SKILLS OR INTERESTS (baseball, swimming, trains, animals, etc.)? NO YES, Please list. _____

Sensory

HAS THE STUDENT BEEN DIAGNOSED WITH ANY DEGREE OF VISION LOSS? NO YES

Does he/she wear glasses or contacts? NO YES

HAS THE STUDENT BEEN DIAGNOSED WITH ANY DEGREE OF HEARING LOSS? NO YES

Does he/she wear hearing aids or get ear infections? NO YES

DOES THE STUDENT HAVE ANY SENSITIVITIES TO OR EXTREME PREFERENCE FOR PARTICULAR SOUNDS? NO YES, Please define. _____

IS THE STUDENT OVER-STIMULATED BY SOUNDS, LIGHTS OR CROWDS? NO YES

If Yes, please define. _____

DOES THE STUDENT HAVE ANY SENSORY PROCESSING ISSUES? (Please circle all that apply.)

TACTILE DEFENSIVENESS / SEEKING (touch)

VESTIBULAR DYSFUNCTION (awareness of body in space)

PROPRIOCEPTIVE DYSFUNCTION (planning & maintaining movement)

AUDITORY SENSITIVITY / LACK IN SENSITIVITY (sound)

Other _____

DOES THE STUDENT RESIST PHYSICAL SUPPORT? NO YES

If Yes, please define.

DOES THE STUDENT ENGAGE IN ANY REPETITIVE BEHAVIORS? NO YES

If yes, please define. _____

DOES THE STUDENT HAVE ANY FEEDING ISSUES? YES NO

RESPORATORY ISSUES? YES NO

Additional Comments

Thank you for completing our Intake Form!
We appreciate your time and detail. If we have not discussed programming opportunities, we will contact you shortly.