

Supplementary Material #1: Music Therapy Assessment Form (MAOA)

Background Information:

Client's Name: _____

Diagnosis: _____

Age: _____ Education: _____

Ethnic Background: _____

Religion/Faith Practice:

Date of Informed Consent:

Consent Provided By: ☐ Client ☐ Substitute Decision Maker

Name of Person Providing

Consent:_____

☐ Verbal ☐ Written Consent

Referred By:

Reason for

Referral:_____

Assessment:

Cognitive

Orientation to Self: ☐ Yes ☐ No

Orientation to Surroundings (Date, Location, Season): ☐ Yes ☐ No

Ability to Read (Have client read: "I went for a walk with my dog by the lake.")

☐ Some words ☐ Individual letters ☐ Full sentences ☐ Unable to read ☐

Not assessed

Ability to Write: ☐ Name ☐ Individual letters ☐ A sentence stating how they are feeling on day of assessment. ☐ Unable to write ☐ Not assessed

Attention Span (i.e. how long can the client focus on playing an instrument or engage in

conversation): ☐ Sustained (more than 3-5 minutes) ☐ Sporadic (Client is in and out of focus) ☐ Unable to attend

Ability to Follow Directions: ☐ Yes ☐ No

Comprehension: ☐ Understands basic concepts (fast/slow) ☐ Does not understand basic concepts

Ability to Choose: ☐ Not able ☐ Ability to choose between two items or instruments

Communication

Client is: ☐ Verbal ☐ Non-Verbal

Client has the following abilities: ☐ Vocalization ☐ Gestures ☐ Single words ☐

Phrases ☐ Sentences ☐ Eye contact

Psychosocial

Behaviour:

☐ Pleasant ☐ Engaged ☐ Aggressive ☐ Perseverative ☐ Passive ☐ Self-stimulatory

☐ Self-injurious ☐ Non-compliant ☐ Anxious ☐ Relaxed ☐ Withdrawn ☐

Involved

Ability to identify emotions:

☐ In self ☐ In others ☐ Using language ☐ From choices (i.e pictures)

☐ Unable to identify emotions

Ability to express emotions:

☐ Using music ☐ Nonverbally ☐ Using language ☐ Using complex thought

☐ Unable to express emotions

Self-Concept: ☐ Positive ☐ Negative ☐ Neutral

Inappropriate emotional expression: ☐ Denial ☐ Avoidant ☐ Not applicable

Affective Response

Beginning of session:

Affect: ☐ Flat ☐ Agitated ☐ Bright ☐ Other: _____

Attending behaviours: ☐ Asleep ☐ Eyes open ☐ Eye contact ☐ Active participation

End of session:

Affect: ☐ Flat ☐ Agitated ☐ Bright ☐ Other: _____

Attending behaviours: ☐ Asleep ☐ Eyes open ☐ Eye contact ☐ Active participation

Physical

Gross Motor: ☐ Ambulatory ☐ Non-ambulatory ☐ Movement with assistance

Fine Motor: ☐ Hold item independently ☐ Moves hand with intention ☐ Requires assistance

Coordination: ☐ Independent ☐ Supervised ☐ Support required

Hand dominance: ☐ Right ☐ Left ☐ Ambidextrous

Sensory limitations: ☐ Vision ☐ Hearing

Musical

Sings: ☐ All words and phrases ☐ Half ☐ Less than half ☐ Vocalizes/makes sounds

Vocal ability and timbre: ☐ Dynamics ☐ Pitch accuracy ☐ Range ☐ No vocal range

Explores percussion instruments presented: ☐ Yes ☐ No

Imitates rhythm: ☐ Simple rhythms ☐ Complex rhythms

Summary

Cognitive:

Communication:

Psychosocial:

Affective/Emotional

Physical:

Musical:

Initial Goals

- ☐ Provide sensory stimulation
- ☐ Increase social interaction/decrease isolation
- ☐ Increase motivation
- ☐ Increase self-esteem/self-concept
- ☐ Maintain/improve orientation
- ☐ Maintain/improve physical well-being
- ☐ Provide outlet for emotional expression
- ☐ Decrease anxiety/agitation
- ☐ Increase relaxation
- ☐ Provide a creative-expressive outlet
- ☐ Manage dysfunctional behaviours:

- ☐ Enhance mood, reduce feelings of depression
- ☐ Connect with identity
- ☐ Spiritual support
- ☐ Pain control
- ☐ Other

Recommended Services

- ☐ Individual Music Therapy ☐ Group Music Therapy ☐ Not Suitable for Music Therapy
- ☐ Individual Music Psychotherapy (Additional assessment to follow prior to final recommendation) ☐ Recreational Music Opportunities

Music Therapist Signature: _____ **Date:** _____

Created by: XX