

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Self-injurious Non-compliant Anxious Relaxed Withdrawn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