



Coyote Music Studio
Denton, TX 76209
940-368-4828 tonya@coyotemusicstudio.com

Family Music Class
Music Therapy Intake Form

This semester during the Family Music Classes, I'll be supervising music therapy students from Texas Woman's University as they learn skills necessary to become a Board-Certified Music Therapist. They'll be required to document on group goals and objectives as well as occasionally lead music activities under my leadership. Your answers here will help them better learn how to be music therapists as well as help me better plan our classes.

Documentation remains private, between Coyote Music Studio and you. TWU students will receive a class form from me with condensed info - without your personal, identifying information. Your full information will **not** be given to TWU or to the city of Denton, where classes are held. - Tonya S. Blum, MA, MT-BC

Music Therapy is the use of music interventions designed for individuals/groups to accomplish their personal, non-musical goals. It's an ongoing, therapeutic service in which a Board-Certified Music Therapist and a client (or group) develop a relationship through music to accomplish non-musical goals, such as improve social/emotional states, increase communication, develop/improve fine and gross motor skills, improve academics, improve quality of life, and others.

Print Student/Client Name: _____ **DOB:** _____

Parent/Guardian _____

Address: _____

Phone: _____ Email: _____

I understand that this information will only be used by Coyote Music Studio to improve my music therapy services and will not be shared outside of my therapeutic relationship.

Parent or Guardian signature _____ Date _____

Student/Client Diagnosis(es), N/A if none: _____

What skill areas would you like to address? List 1 goal or area of concern for every goal checked.

- Communication _____
- Motor/Movement _____
- Social/Emotional _____
- Cognitive _____



Coyote Music Studio
Denton, TX 76209
940-368-4828 tonya@coyotemusicstudio.com

- Attention _____
- Behavioral _____
- Coping _____
- Leisure/Quality of Life _____
- Daily Living Tasks _____

What's something important that I should know about the student?

What are some ways the student responds to music at home or in the community?

What type of music (or specific songs) does the student sing, dance, or respond to *most* at home?

Does the student receive other therapies? If so, please list important objectives the client is already working on. These can be reinforced in music therapy.
