

Date: \_\_\_\_\_

**Music Therapy Assessment Form (Sample)**

Music Therapist: \_\_\_\_\_

Individual/Group: \_\_\_\_\_

Population: \_\_\_\_\_

Goal for Initial Assessment: \_\_\_\_\_

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Observations: \_\_\_\_\_

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Did your client(s) enjoy the session?

Did you notice any changes in your client(s) from the start to the end of the music therapy session?

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What musical instruments/music was used?

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General Comments: \_\_\_\_\_

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