

Foundation for Music and Healing, Inc.

Student's Name _____

Student's Age ____ Birthday_____ Is your child verbal? ____Yes ____No

Diagnosis:

Parent (or significant responsible adult) Name _____

Address _____

City/State/Zip _____

Home phone _____ Office _____

Cell _____ Other _____

Best time(s) to call: _____

Email (you will NOT be put on a mailing list!) _____

Father's occupation and employer _____

Mother's occupation and employer _____

How did you hear about the Foundation? ____Brochure ____Word of mouth ____Therapist

Physician or healthcare professional (name) _____

Other organization or agency: _____

How are things going at school?

(Please be specific about strengths and weaknesses)

Please see page two

Is there a music program at school? _____ Yes _____ No

Does your child participate/do they enjoy it?

Does your child enjoy (please indicate):

Singing Dancing Piano Drumming Playing another instrument: _____

Other school or social activities your child enjoys:

Do you have a piano or music in your home? Yes No

Are there other instruments used in your home? Yes No

What are they? _____

Has your child ever had private music instruction (lessons)? _____ Yes _____ No

What was their experience?

When does child get home from school?

Do you have a lesson time preference?

Is there anything else about your child's situation you would like to share with us?

*Thank you! Please send this form to The Foundation for Music and Healing, Inc. for further evaluation
Our mailing address is 2811 Beechwood Lane South Bend, IN 46615.*