

**Supplementary Material #2: Music Therapy Assessment Form Revised (MTAOA-R)** (highlighted text shows what was changed from the original MTAOA)

**Background Information:**

**Client/Service User/Consumer's Name (C):** \_\_\_\_\_

**Pronouns:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

Date(s) of Assessment: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Education: \_\_\_\_\_

**Cultural Information:** \_\_\_\_\_

Religion/Faith Practice: \_\_\_\_\_

Date of Informed Consent: \_\_\_\_\_

Consent Provided By: ☐ Client/Service User/Consumer ☐ Substitute Decision Maker ☐

**Facility**

Name of Person Providing Consent: \_\_\_\_\_

**Check all that Apply:** ☐ Verbal Consent ☐ Written Consent

Referred By: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Has (C) participated in music therapy in the past? ☐ Yes ☐ No

If yes, please provide dates if known, reasons and/or format-individual/group etc.

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## Assessment:

### Cognitive

Orientation to Self: ☐ Yes ☐ No

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

Using the accompanying card with this statement have (C) read: "I went for a walk with my dog by the lake." Indicate the response.

☐ Some words ☐ Individual letters ☐ Full sentences ☐ Unable to read ☐ Not assessed

Writing: ☐ 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 (C) focus on playing an instrument or engage in conversation):

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

☐ Other noting specific time or contributing factors \_\_\_\_\_

**Following Directions:**

☐ 1-step      ☐ 2-step      ☐ 3+ steps      ☐ Unable to follow directions

**Comprehension:**

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

**Making Choices:**

☐ Not able      ☐ (C) chose between two items or instruments

**Standardized Test Scores and Dates if Applicable i.e. MOCA:**

**Communication**

(C) is: ☐ Verbal ☐ Non-Verbal

(C) uses the following to communicate: ☐ Vocalization ☐ Gestures ☐ Single words ☐

Phrases ☐ Sentences ☐ Eye contact ☐ Symbols ☐ Communication device

Intelligibility of Speech: ☐ 100% of meaning conveyed ☐ 50% of meaning conveyed ☐

Other

Articulation ☐ Clear ☐ Parts of Speech are clear ☐ Stuttering present

Vocal Volume ☐ (C) expresses no concern over volume of voice ☐ (C) expresses a desire  
to increase volume ☐ Volume is soft without support

Presence of Aphasia: ☐ Receptive ☐ Expressive

## Psychosocial

### Behaviours:

History of ☐ Anxiety ☐ Aggression towards others ☐ Depression ☐ Perseverative

Behaviour ☐ Other \_\_\_\_\_

During Assessment (C) displayed or noted ☐ Anxiety ☐ Aggression towards others ☐

Low mood ☐ Perseverative Behaviour

☐ Self-injurious behaviour ☐ Other \_\_\_\_\_

Identifying emotions:

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

☐ Unable to identify emotions

Expressing emotions:

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

☐ Unable to express emotions

### History of Trauma

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Self-Concept:

☐ Positive ☐ Negative ☐ Neutral ☐ Not assessed

## 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 ☐ Movement with supervision

Mobility Devices (Select all the apply) ☐ Cane ☐ Walker ☐ Wheelchair ☐ Bed bound

Fine Motor:

☐ Hold item independently ☐ Moves hand with intention ☐ Requires assistance

Coordination:

☐ Independent ☐ Supervised ☐ Support required

☐ Can cross the midline

☐ Balance ☐ History of Falls if known \_\_\_\_\_

Hand dominance:

☐ Right ☐ Left ☐ Ambidextrous

Sensory:

Vision ☐ (C) uses glasses or other assistive device ☐ (C) notes challenges i.e.

\_\_\_\_\_ ☐ Difficult to assess ☐ Did not appear to see some items

Hearing: ☐ (C) states they can hear ☐ appears to hear verbal and music exchanges ☐

Difficult to assess ☐ used assistive device to hear

### **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

Music Preferences/

Styles/Artists\_\_\_\_\_

## **Summary**

Cognitive:

Communication:

Psychosocial:

Affective/Emotional

Physical:

Musical:

## **Initial Goals**

- ☐ Provide sensory stimulation
- ☐ Increase social interaction/decrease isolation
- ☐ Increase motivation
- ☐ Provide cognitive stimulation
- ☐ 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 responsive behaviours i.e. wandering
- ☐ Enhance mood, reduce feelings of depression
- ☐ Connect with identity
- ☐ Pain control
- ☐ Other

### **Recommended Services**

- ☐ Individual Music Therapy      ☐ Group Music Therapy      ☐ Not Suitable for Music Therapy
- ☐ Individual Music Psychotherapy (Additional consent form to be signed)
- ☐ Recreational Music Opportunities    ☐ Music Listening (Set up with Playlist)
- ☐ Singing Group (Choir)                      ☐ Music Program with Caregiver

**Music Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

Revised by: XX



