



Special School District Program Evaluation for Music Therapy

Michele Augustin, Chair
Gina Christopher, Co-Chair
Lisa MacKenzie, Co-Chair

June 2005



Standard Program and Service Evaluation Template

(Board of Education Approved on June 1, 2004)

I. Program/Service Information

Name of Program or Services:

Music Therapy

Program Evaluation Questions:

1. Do parents and teachers have adequate information regarding the appropriateness of referrals for Music Therapy Assessment?
2. Are referrals based on the child's educational and/or medical diagnoses, region of residence, or other factors rather than on consideration of their response to music as a potential avenue for learning?
3. Is there a more cost-effective way to provide Music Therapy Assessments than to outsource the evaluations through contracted agencies?

Personnel Responsible for Evaluation:

Chair – Michele Augustin, Director, Related Services

Co-Chair – Gina Christopher, Music Therapist

Co-Chair – Lisa MacKenzie, Parkway Early Childhood Special Ed

Dates of Evaluation:

January 2005 - June 2005

Goal/Objective of Program/Services:

To identify and provide services for those St. Louis County students who require the structure and strategies of Music Therapy as a motivation or assist in performing IEP related tasks.

Brief description of relationship between program goals, CSIP and MSIP Standards:

Information gathered will assist the District in implementing instructional programs designed to meet the assessed needs of students (**MSIP Standard 6.3**) and in providing comprehensive services for all resident children with disabilities as required by IDEA (**MSIP Standard 7.1**). Results will also assist the District in improving student performance levels (**Rolling Plan Goal 1**) through development of a process for evaluating the effectiveness of the Music Therapy program and reducing more restrictive special education service placements by providing students with an alternate instructional method in order to access their special education services in a less restrictive setting.



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Demographic Description of Program:

Location:	23 Component Districts and all SSD buildings
Number of Staff:	14 Music Therapists under the supervision of the Director of Related Services
Participants:	For the 2004-2005 School Year, 267 students with a variety of disabilities in 22 component districts and special education buildings required music therapy to benefit from their special education programs. (Table 1)
Length of Program:	Music Therapy Services were initially provided to students during the 1997-98 School Year when one therapist was contracted to provide services to two students and to assess one student. Currently, fourteen music therapists serve 267 students and provide approximately 140 assessments per year. (Table 2)

II. Description of Stakeholders Engagement in Program Evaluation:

SSD Staff:	Michele Augustin, Director (Related Services) Christine Montgomery, Director (Central Region) Lisa MacKenzie, Teacher, Early Childhood Special Ed	
Music Therapists:	Marcia Behr Lindsay Betz Maria Carron Lisa Casciola Gina Christopher Kelly Fagala Lisa Fahsbender	Stephanie Kingsland Mary Krueger Traci McCune Karen Mogannam Lesley Morton Meredith Polak Connie Torretta
Parent:	Kim Priest	
Practicum Student:	Mary Hitchcock-Reinhart (Maryville University)	



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III. Evaluation Criteria for Programs/Services Offered:

Staff Perception
Program Statistics
Music Therapist Focus Group

IV. Data Collection Methodology:

Staff/IEP Chair Survey
Cost Analysis

V. Discussion of Results

Question 1: Do parents and teachers have adequate information regarding the appropriateness of referrals for Music Therapy Assessment?

Music Therapy is a related service provided to students with disabilities who require music and music strategies, either directly or indirectly, to benefit from their special education program. Referrals for a Music Therapy Assessment should be made through the IEP/Reevaluation process when a student fails to make adequate progress on current goals, but demonstrates an ability to learn through musical instruction.

In order to determine whether parents and teachers possess adequate information regarding the appropriateness of referrals for Music Therapy Assessment, 171 administrators received an electronic survey via First Class to forward to IEP chairs. **(Attachment 1)** Twenty-five supervisors of IEP chairs responded by forwarding the e-mail to their teachers, who were asked to complete the survey via the Internet so that data could be compiled in a database.

Two-hundred forty-two IEP chairs out of 588 (41% return rate) completed the electronic survey by the deadline: 98 from the South Region, 77 from Central, 34 from North, 29 from West, and 2 from the Tech Schools. The component district distribution indicated that most of the teachers who responded were from SSD Schools, Parkway, Affton and Mehlville, Lindbergh and Pattonville, Riverview, Rockwood, and Ritenour. Forty-five percent were self-contained classroom teachers, 35 percent were Resource and 23 percent were itinerant. In terms of levels of instruction, 45 percent were IEP chairs in elementary settings, 21 percent each in middle and high school settings, and 12 percent in ECSE. **(Table 3)**



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Results of the survey indicated that 66.8 percent of those who responded to the survey were familiar with Music Therapy as a related service, but 67.5 percent of the respondents did not have adequate information regarding the appropriateness of referrals. **(Table 4)**

Question 2: Are referrals based on the child's educational and/or medical diagnoses, region of residence, or other factors rather than on consideration of their response to music as a potential avenue for learning?

A critical issue involved the perception by 93.4 percent of the IEP chairs that children with certain disabilities were more likely to require music therapy than others. Children with the diagnoses of Autism, Emotional Disturbance, Young Child with a Developmental Delay, Multiple Disabilities, and Mental Retardation, were more likely to be referred for a Music Therapy Assessment according to information provided by these IEP chairs. **(Table 5)**

This perception was fairly accurate for the 2003-2004 School /Year with the exception of referrals of students with Emotional Disturbance, which constituted less than one percent of the total number of referrals during that school year. Actual data collected from the 2003-2004 School Year indicates that referrals for music therapy were most likely to occur when the student's primary disability was Autism (41.7%) followed by Young Child with Developmental Delay (22.8%), Mental Retardation (15.7%), and Multiple Disabilities (10.2%). Very few children diagnosed with an Emotional Disturbance are actually referred for Music Therapy Assessment. **(Table 6)**

Referrals for evaluation were more likely to occur in the West Region (37%) followed by the South (27.8%), Central (23.6%), and North (6.8%). **(Table 7)**

According to Music Therapy Assessment Guidelines as defined in the Department Handbook, a student should be referred when s/he is not making adequate progress toward IEP goals and has significantly greater responses to music on IEP goal-related areas in the school setting. Interesting was that 65.5 percent of those IEP chairs who responded would refer a student who was making progress toward IEP goals for assessment just because s/he responded positively toward music and 58.5 percent would refer if the parent reported that the child performed better at home when music was present even though no difference was observed at school. Of those who responded, 79.8 percent did not make a referral for music therapy assessment during the 2003-2004 School Year. Teacher reports from those who did refer indicated that 50 to 75 percent then qualified for services, which varied between regions, but was consistent with actual numbers.



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An analysis of the demographics of the respondents was also completed in an effort to determine whether region or district may be a factor in whether or not a student would be referred for Music Therapy Assessment. Results indicated that IEP chairs in the North Region were least familiar with Music Therapy as a related service and that only 9.1 percent felt they had adequate information regarding the appropriateness of a referral. Region of residence made no difference in the misinformation that children with certain educational disabilities were more likely to require music therapy as no significant differences were observed among regions. In terms of referrals for students making adequate progress toward IEP goals without music therapy, IEP chairs in the West Region were less likely to refer. They were also less likely to refer for an assessment at parent request when no improvement was seen at school with the use of music.

Another factor possibly affecting responses was related to the service delivery model of the respondent. IEP Chairs who were assigned to resource locations tended to be less familiar with music therapy, but neither resource nor itinerant teachers have adequate information regarding the appropriateness of referrals for Music Therapy Assessment. Similarly, there were no differences among IEP Chair placements regarding referrals of students for whom music does not appear to have a positive impact on IEP goals. Teachers of students in middle school are less likely to be familiar with Music Therapy as a related service and do not have adequate information regarding the appropriateness of referrals. Regarding referrals for students who are making adequate progress toward IEP goals, Early Childhood Special Education teachers are less likely to refer but there was no significant difference among the placements for parent referrals.

C. Question 3: Is there a more cost-effective way to provide Music Therapy Assessments than to outsource the evaluations through contracted agencies?

Currently, Music Therapy is a service that Special School District provides through private contractors. One Music Therapist has been designated to coordinate referrals and assign evaluations to therapists assigned to specific districts within the four regions of St. Louis County. Caseload sizes range from a low of 10 students to a high of 23 students with an average caseload of 19. Therapists provide between 240 and 690 minutes of direct service to students per week along with between 157 and 340 minutes of consultation to teaching staff. Through January of the current school year, the District contracted with nine full-time and three part-time Music Therapists. Two full-time therapists were added mid-year and three additional full-time therapists have been hired to begin



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work in the fall. At that time, fourteen full-time and three part-time therapists will be under contract with Special School District.

Financial data indicates that the District spends on average **\$1322.68** per student receiving Music Therapy services, which include assessment, IEP attendance, direct service, and consultation with general education teams, recordkeeping, data collection, and materials preparation. **(Table 10)** During the 2004-2005 School Year, 123 students were referred for Music Therapy assessment and seventeen percent of those did not require a comprehensive evaluation, two percent were not evaluated per parent request, and two percent moved from the District before assessments could be completed. Of the assessments that were completed, 69 percent qualified for services. **(Table 8)**

Completing assessments in a timely manner has been difficult and therapists often have to cancel student sessions to evaluate students and attend assessment-related IEP meetings. It is quite difficult to make up these missed sessions with students due to rising caseloads.

Over the past four years, the Music Therapy Program has been evaluated through a survey completed by IEP chairs of students receiving services. **(Attachment 2)** As the program has grown, ratings of Excellent have dropped from 95% for the 2001-2002 School Year to 80% for the 2004-2005 School Year. **(Table 9)** During that time period, the number of Music Therapists contracted by the District has more than doubled from 8 in 2001-2002 to 17 for the beginning of the 2005-2006 School Year.

Time spent on program evaluation:

90 hours

Strengths of program/service:

1. Two-thirds of the respondents indicated familiarity with Music Therapy as a related service, indicating that the data reflects the opinions of those who have students involved in the Music Therapy Program.
2. IEP Chairs who responded to the survey indicate consideration of Music Therapy for students with a variety of disabilities.



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3. Children are referred from and receive services within all regions, but students who live in the West Region are more likely to be referred for music therapy evaluations than those who live in the North Region.
4. Consistency and quality of service and evaluation have been enhanced through the development of a departmental handbook and procedures for all Music Therapists to adhere to. Orientations are provided for new Music Therapists who are mentored by current staff. Many Music Therapists work with interns and practicum students who then consider work with the District.
5. In an annual survey completed by teachers and therapists with whom music therapists work, results have indicated a consistently high level of satisfaction with music therapists and the music therapy program; however, the level of satisfaction has been decreasing as the program expands.

Concerns regarding program/service:

1. In general, IEP chairs feel that they do not have adequate information to make appropriate referrals for Music Therapy assessment. Two-thirds of the respondents acknowledged this lack of information, which was also reflected in the high percentage of IEP chairs incorrectly answering questions designed to test understanding of appropriate referrals. Respondents from the North region had the least familiarity with music therapy, followed by the South region.
2. Teacher perception of the top five populations that are most likely to qualify for Music Therapy does not reflect the reality of assessments. Ideally, however, IEP chairs should not consider disability when determining appropriateness of referral for Music Therapy assessment; rather they should consider the child's current progress and IEP goal-related responses to music.
3. Music therapists have been active in training music therapy students and other professionals through the supervision of practicum and internship programs and giving presentations to local universities, and various regional and national conferences; however, such activities have not been geared toward Special School District staff.



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4. Contracting for Music Therapy averaged over \$1300.00 per student this past school year. Since providers prefer to begin the school year with full caseloads so that they are earning their maximum potential, student sessions must be cancelled and rescheduled to allow time for assessments. In addition, the coordination of referrals for evaluation and assessments has become a burden on the designated music therapist who has less time available to serve students.
5. Supervision of contracted staff is difficult. Therapists are not subject to the Teacher Performance-Based Evaluation Process and current teacher surveys do not provide adequate information for evaluation purposes.

Recommendations regarding program/service:

□ Education

1. Creating a music therapy assessment referral packet to include procedures and behaviors an IEP chair could observe indicating appropriateness for referral should be developed for distribution to all IEP chairs and Area Coordinators. Descriptions of scenarios similar to those included in the survey could help IEP chairs understand the issues involved in music therapy assessment referral. Initial distribution of packets could target the North and South regions.
2. Music therapists could develop and present a short in-service about music therapy assessment to new area coordinators at the beginning of each school year. The PowerPoint presentations regarding Music Therapy would be created and available to Area Coordinators and IEP chairs to reference when needed.

□ Staffing

3. An in-depth cost analysis of the Music Therapy Program should occur to determine the efficacy of the District's current method of hiring contractors to provide services.
4. A Music Therapy Facilitator or Effective Practice Specialist should be hired by Special School District to complete student assessments, provide technical support to Music Therapists, IEP Chairs, and Administrators, and to assist the supervisor of the program with staff evaluations.



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VI. Action Plan for Recommendations as a Result of Program Evaluation

Person responsible to champion action plan

Michele Augustin, Director of Special Education, Related Services

Timeframe for reporting updates to Board of Education

In-depth Cost Analysis: November 2005

Teacher-Level Training Materials: January 2006

New Area Coordinator Training: June 2006

Annually in June thereafter

Date: _____
Signature of Administrator Responsible for Chairing Evaluation



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TABLE 1
MUSIC THERAPY STUDENTS BY COMPONENT DISTRICT

DISTRICT INFORMATION					
DISTRICT	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005
AFFTON	0	**	4	**	3
BAYLESS	0	**	0	**	1
BRENTWOOD	0	**	0	**	2
CLAYTON	2	**	7	**	5
FERG-FLOR	0	**	3	**	2
HANCOCK PLACE	0	**	0	**	1
HAZELWOOD	3	**	12	**	14
JENNINGS	0	**	1	**	1
KIRKWOOD	0	**	3	**	10
LADUE	1	**	9	**	9
LINDBERGH	3	**	7	**	13
MAPLEWOOD RH	0	**	1	**	2
MEHLVILLE	4	**	11	**	14
NORMANDY	0	**	3	**	5
PARKWAY	21	**	46	**	71
PATTONVILLE	1	**	8	**	11
RITENOUR	2	**	5	**	4
RIVERVIEW	0	**	0	**	1
ROCKWOOD	6	**	24	**	34
SPECIAL	19	18	24	26	45
UNIVERSITY CITY	5	**	11	**	6
VALLEY PARK	0	**	1	**	3
WEBSTER	2	**	8	**	9
WELLSTON	0	**	0	**	0
CONSULT STUDENTS*	40	**		**	1
TOTALS	109	132	188	216	267

* For the year 2000-2001, district totals included only those students who received direct services. Those receiving indirect services were reported as consult students.

**Individual district data for 2001-2002 and 2003-2004 is not available.



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TABLE 2
ASSESSMENTS BY COMPONENT DISTRICT

DISTRICT INFORMATION						
DISTRICT		2000-2001	2001-2002	2002-2003	2003-2004	2004-2005
AFFTON	*		0	1	4	2
BAYLESS	*		0	0	3	1
BRENTWOOD	*		0	0	1	1
CLAYTON	*		2	1	0	1
FERG-FLOR	*		1	1	0	3
HANCOCK PLACE	*		0	0	1	0
HAZELWOOD	*		4	6	5	3
JENNINGS	*		0	1	1	0
KIRKWOOD	*		0	3	3	3
LADUE	*		5	1	6	8
LINDBERGH	*		5	1	9	9
MAPLEWOOD RH	*		0	1	1	1
MEHLVILLE	*		2	7	7	4
NORMANDY	*		1	1	5	6
PARKWAY	*		15	29	33	44
PATTONVILLE	*		7	1	4	3
RITENOUR	*		5	4	2	5
RIVERVIEW	*		0	0	1	1
ROCKWOOD	*		13	8	10	5
SPECIAL	*		10	8	9	12
UNIVERSITY CITY	*		1	4	1	4
VALLEY PARK	*		0	1	3	1
WEBSTER	*		4	3	0	6
WELLSTON	*		0	0	0	0
TOTALS		62	75	82	109	123

*Individual district assessment data for 2000-2001 is not available.



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TABLE 3

Music Therapy Knowledge Survey: Districts Represented

DISTRICT INFORMATION			
SURVEY RESPONDENTS	NUMBER OF ACS	NUMBER SENT	NUMBER RESPOND
AFFTON	1	29	22
BAYLESS	0	0	0
BRENTWOOD	0	0	3
COUNTY-WIDE			4
CLAYTON	0	0	0
FERGUSON-FLORISSANT	2	64	7
HANCOCK PLACE	0	0	0
HAZELWOOD	1	50	6
JENNINGS	1	1	1
KIRKWOOD	1	25	8
LADUE	1	33	10
LINDBERGH	2	57	20
MAPLEWOOD-RICHMOND HEIGHTS	1	15	6
MEHLVILLE	2	36	22
NORMANDY	1	19	5
PARKWAY	3	50	28
PATTONVILLE	1	28	20
RITENOUR	1	40	10
RIVERVIEW	0	25	13
ROCKWOOD	1	29	11
SPECIAL	3	53	34
UNIVERSITY CITY	0	0	3
VALLEY PARK	1	22	1
WEBSTER	1	4	4
WELLSTON	1	8	2
UNDETERMINED			2
TOTALS	25	588	242



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TABLE 4
Music Therapy Survey Results

DEMOGRAPHIC INFORMATION				
	Central	North	South	West
Number of IEP Chairs	76	33	98	29
Familiar with Music Therapy as Related Service	77.6%	36.4%	65.6%	79.3%
Adequate knowledge of appropriateness of referrals	40.8%	9.1%	30.6%	44.8%
Certain disabilities likely to need music therapy	85.1%	94.4%	94.7%	89.5%
Will refer even if making adequate progress on goals	67.1%	64.5%	74.0%	35.7%
Will refer upon parent request even if no need observed	67.1%	59.4%	60.6%	28.6%
	Itinerant	Resource	Self-contained	
Number of IEP Chairs	57	83	95	
Familiar with Music Therapy as Related Service	71.4%	43.9%	84.2%	
Adequate knowledge of appropriateness of referrals	26.3%	15.7%	49.5%	
Certain disabilities likely to need music therapy	94.1%	97.8%	86.7%	
Will refer even if making adequate progress on goals	64.8%	71.6%	61.1%	
Will refer upon parent request even if no need observed	58.5%	65.4%	52.6%	
	ECSE	Elementary	Middle	High
Number of IEP Chairs	27	103	49	50
Familiar with Music Therapy as Related Service	100.0%	70.6%	47.9%	60.0%
Adequate knowledge of appropriateness of referrals	85.2%	35.9%	10.2%	20.0%
Certain disabilities likely to need music therapy	79.2%	93.4%	95.7%	93.3%
Will refer even if making adequate progress on goals	22.2%	67.6%	71.7%	78.0%
Will refer upon parent request even if no need observed	37.0%	56.0%	63.8%	68.0%



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TABLE 5

IEP CHAIRS INDICATING CERTAIN DISABILITIES MORE LIKELY TO REQUIRE MUSIC THERAPY						
RESPONSE	AUT	VI	HI	ED	LI	MR
PERCENTAGE	54.5%	21.9%	8.7%	37.2%	21.1%	31.4%
FREQUENCY	132	53	21	90	51	76
RESPONSE	MU	LD	SP	TBI	YCDD	*OHI
PERCENTAGE	31.4%	12.0%	14.0%	27.7%	34.3%	
FREQUENCY	81	29	34	67	83	2

TABLE 6

2003-2004 MUSIC THERAPY REFERRALS BY PRIMARY STUDENT DISABILITY						
RESPONSE	AUT	VI	HI	ED	LI	MR
PERCENTAGE	41.7%	0.0%	0.8%	0.8%	1.6%	15.7%
FREQUENCY	42	0	1	1	2	20
RESPONSE	MU	LD	SP	TBI	YCDD	*OHI
PERCENTAGE	10.2%	1.6%	0.8%	0.0%	22.8%	1.6%
FREQUENCY	13	2	1	0	29	2

TABLE 7

2003-2004 MUSIC THERAPY REFERRALS BY REGION					
	Central	North	South	West	Totals
Number of Referrals	30	8	34	47	109
Percentage of Referrals	23.6%	6.3%	27.8%	37.0%	94.7%



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TABLE 8

MUSIC THERAPY OUTCOMES				
TYPE OF OUTCOME	<u>2001-2002</u>	<u>2002-2003</u>	<u>2003-2004</u>	<u>2004-2005</u>
QUALIFY FOR MUSIC THERAPY	74%	75%	58%	69%
DO NOT QUALIFY FOR MUSIC THERAPY	15%	15%	18%	17%
SCREENING ONLY	11%	10%	18%	13%
INCOMPLETE ASSESSMENTS	0%	0%	6%	7%

TABLE 9

RESULTS OF MUSIC THERAPY EVALUATION SURVEYS				
RESPONSES	<u>2001-2002</u>	<u>2002-2003</u>	<u>2003-2004</u>	<u>2004-2005</u>
AVERAGE OF 1 (EXCELLENT)	95%	92%	84%	80%
AVERAGE OF 1.25	5%	6%	7%	13%
AVERAGE OF 1.5	0	2%	3%	6%
AVERAGE OF 1.75	0	0	1%	0
AVERAGE OF 2.0 (AVERAGE)	0	0	2%	1
AVERAGE OF 2.25	0	0	1%	0

TABLE 10

BUDGET FOR MUSIC THERAPY				
	<u>2001-2002</u>	<u>2002-2003</u>	<u>2003-2004</u>	<u>2004-2005</u>
Budget	\$181,960	\$218,376	\$305,995	\$360,156
Number Students Served	132	188	216	267
Average Cost per Student	\$1378.49	\$1151.67	\$1416.64	\$1348.90
Number of Music Therapists	8	10	12	14

ATTACHMENT 1

Survey for Music Therapy

This survey is intended for all IEP chairs. Please respond by completing this form only once by April 15, 2005. Thank you very much for your cooperation.

Region: Central, North, South, West as drop down menu
District: 23 Component Districts + SSD Special Ed Building + SSD Tech School
Assignment: Resource; Self-contained Special Ed Classroom
Early Childhood; Elementary; Middle School; High School

1. As an IEP Chair, are you familiar with Music Therapy and its purpose?
 Yes No

2. Do you feel you have adequate information regarding the appropriateness of referrals for Music Therapy assessment? Yes No
If yes, comment box will be available to enter contact information such as name, phone number, e-mail address, etc.

3. Do you feel that children with certain disabilities are more likely to require music therapy as a related service? Yes No Don't Know

4. If yes to Question #3, for which diagnoses would a student more likely require music therapy?
Drop-down menu including Autism, Blindness/Vision Impairment, Deafness/Hard of Hearing, Emotional Disturbance, Language Impairment, Mental Retardation, Multiple Disabilities, Specific Learning Disability, Speech Impairment, Traumatic Brain Injury, Young Child with a Developmental Delay

5. If a student is making reasonable progress toward IEP goals with current interventions but responds more positively when music is present, would you refer the student for a Music Therapy evaluation? Yes No

6. If a student is making reasonable progress toward IEP goals in your classroom and you see no difference in the student's performance when music is present at school, but the parent states that the child responds significantly better when music is present at home, would you refer the student for a Music Therapy evaluation? Yes No

7. How many children did you refer for Music Therapy during the 2003-2004 School Year? _____

8. Of those students you referred in 2003-2004, how many qualified for Music Therapy? _____



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ATTACHMENT 2

MUSIC THERAPY EVALUATION

Circle the most appropriate answer:

	Excellent	Average	Poor
1. How would you rate your overall experience with the music therapy program?	1	2	3
2. Do you feel that the music therapist effectively addressed your students' current IEP objectives through the use of music and music therapy strategies?	1	2	3
3. Did the music therapist provide you with useful information, techniques, songs, and strategies to use with the student?	1	2	3
4. Do you feel that music therapy has been a valuable service for the student?	1	2	3

Additional comments:

Signature (Optional): _____

Please return to:

Michele Augustin, Director of Related Services
12110 Clayton Road
Town & Country, MO 63131
(314) 989-8142