

**HERTFORDSHIRE MUSIC SERVICE
MUSIC THERAPY REFERRAL FORM**

Please complete this form if you would your child to attend a music therapy assessment. Parent/Carers consent is needed before an assessment can be undertaken.

Name of child:

d.o.b.:

Referred by:

Date of referral:

Other staff involved:

1. Background information

2. Presenting behaviour

3. Relationships with others (children and adults)

4. Reasons for referral to music therapy

5. Additional information

This sheet is intended to help you complete the referral form. Please include any information that you feel might be relevant: the suggestions below give a starting point, and are not meant to be an exhaustive list.

Name of child:

d.o.b.:

Referred by:

Date of referral:

Staff involved:

Please give the names and roles of any staff who have an input with the child. The music therapist will try to speak to these people during the assessment period.

1. Background information

Any background information that you think it might be helpful for the therapist to know e.g. diagnosis (if there is one), level of verbal/gestural understanding, family history, significant life events, favourite activities, medication, other inputs that the child has received (e.g. SALT assessment, psychotherapy etc)

2. Presenting behaviour

Please describe, in as much detail as you can, any areas that cause concern e.g. communication difficulties, aggression, lack of confidence, nervousness/anxiety, low self-esteem, withdrawn behaviour etc.

Are there any times when difficulties are more likely to arise?

Are there areas in which the child does well?

3. Relationships with others (peers and adults)

Has the child been able to form relationships with adults and peers?

Do they have any particularly positive or negative relationships?

Are they keen to relate to other people, or to they tend to be withdrawn?

Do they tend to be controlling/easily led/passive etc.

Do they initiate contact with others/avoid interaction?

4. Reasons for referral to music therapy

What would you hope to gain from a music therapy assessment e.g. more information about a child, confirmation of your understanding of the child's behaviour, information for the statementing process, exploration of a particular issue, assessment of whether MTh might be a useful ongoing intervention etc.

5. Additional information

Please include anything else that you feel might be useful that you have not included elsewhere.

**HERTFORDSHIRE MUSIC SERVICE
MUSIC THERAPY PARENT/CARERS CONSENT FORM**

Name of pupil:

Date completed:

Please indicate whether you give your permission for the following:

	Yes	No
1. Child to receive a music therapy assessment and ongoing music therapy if appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
2. Sessions to be audio-taped for therapist's personal reflection*	<input type="checkbox"/>	<input type="checkbox"/>
3. Sessions to be videoed for therapist's personal reflection*	<input type="checkbox"/>	<input type="checkbox"/>
4. Therapist to talk about the child's therapy for training purposes (child's name will be changed to protect identity)	<input type="checkbox"/>	<input type="checkbox"/>
5. Therapist to use audio/video material for training purposes (child's name will be changed to protect identity)	<input type="checkbox"/>	<input type="checkbox"/>

*** You can refuse consent for audio or video recording without affecting your child's access to music therapy sessions.**

Signed _____

Print name _____

Relationship to child _____