

Music Therapy CARE Club Application

This application is the second step in the intake and enrollment process for social groups at Heartspring. We use this information to decide how to best serve your child. Upon receipt and review of the form, we will follow up with you to discuss your family's needs in more detail and review the next steps. If we do not have enough interest in a best-fit group for your child, we will be sure to put your child on the waitlist for future Music Therapy CARE Clubs.

Please keep in mind that communications via email over the internet are not secure.

Contact Heartspring Medical Records at 316-634-8769 to have an encrypted email sent, or the form can be faxed to: 316-634-8891

Or mailed to:

Heartspring
8700 E 29th St. N.
Wichita, KS 67226

1. Child's Name

2. Child's Birth Date

3. Grade

4. Authorized Rep/Parent/Guardian's Name

5. Parent/Guardian Email

6. Parent/Guardian Phone Number

7. Enrollment Status

We have **never** been enrolled in a program at Heartspring.

We are **currently** enrolled in a program at Heartspring (please explain):

We were **previously** enrolled in program at Heartspring (please explain):

8. Check 2 top priorities for skills that you would like to see addressed in Music Therapy CARE Club.

Social Skills

- Play Skills: turn taking, sharing, waiting, choice making, following directions, listening
- Reciprocal interaction/joint engagement
- Working positively in a group setting/ team work
- Increasing independence
- Developing flexibility

Sensory Processing

- Integration of sensory systems: auditory, visual, tactile, and vestibular systems
- Sensory Motor Development
- Emotional and sensory regulation

Speech and Communication

- Expressive: Development of sounds, words, and sentences
- Receptive: joint attention, concentration
- Improving speech sound articulation

Creative Expression

- Creativity, spontaneity
- Self-expression
- Developing confidence

9. Challenging Behaviors (Please check if there is occurrence in the last six months)

- Self-injury
- Aggression towards peers
- Aggression towards adults
- Elopement (leaving area without permission/wandering off)
- Property destruction
- Tantrum (screaming/flopping to floor - length of time or intensity beyond what is “typical” for child’s age)
- Disruptive Vocalizations
- Stealing
- Argumentative/Tantrums/Disobeying
- No problem behavior of this kind
- Other

10. Classroom Placement

- In district self-contained
- In district inclusion
- In district other
- In district general education
- Out of district specialized program
- Homeschool
- Other

11. Communication

- No formal mode of communication
- Alternative communication (sign, PECS, communication device)
 - Are they proficient or do they have emerging skills?
 - Proficient
 - Emerging Skills
- Single words
- Phrases
- Independent Sentences

12. Independence

- Requires consistent 1:1 support
- May require 1:1 support dependent upon activity
- Does not require 1:1 support in small group (1:3 ratio)
- Potty trained
 - If the child is not potty trained, the parent/caregiver must stay in the room to assist with bathroom needs.

13. Describe your child’s interest in other kids/ forming friendships.

- I am unsure
- Very resistant
- Seems disinterested
- Interested
- Very interested

14. List top three songs or musical artists child loves:

- 1
- 2
- 3

15. What social concerns do you have for your child? Please check all that apply:

- Has trouble making friends
- Has trouble keeping friends
 - Number of close friends: ____
- Is bossy, controlling, or aggressive with peers
- Is inattentive or spacey with peers
- Has trouble sharing
- Most peers do not accept him/her
- Most peers avoid and ignore him/her

16. How did you hear about Heartspring’s social groups?

- Personal referral from currently or previously enrolled family
- School personnel referral
- Medical provider referral
- Social media
- Resource fair
- Google search
- Other

17. Check any of the following sensory sensitivities we need to be aware of.

- Need for headphones
- Sound aversions (List all that apply)
 - Hypersensitivity to sound

18. What expressive modality does your child express. Select all that apply:

- Song writing
- Making a music video
- Creative movement/dance
- Instrument jams
- Musical games
- Music and relaxation

19. Does your child have seizures or allergies we should be aware of?

- Yes
- No
- If yes, please explain:

20. Any additional questions or comments for our team?