



Music Lesson Enrolment

Child's name: _____ Date of birth: _____

What instrument would you like your child to learn? _____

Musical interests and skills observed: (vocal and movement/rhythmic responses, styles of music, musical instruments, how does your child respond to music)

Diagnosis: _____

Communication/social skills: (preverbal & verbal skills, ability to relate to others)

Level of comprehension/cognition: (receptive & expressive language ability)

Sensory abilities/difficulties: (vision, hearing, touch)

Physical mobility: (walk, wheelchair, use of limbs)

Psychological/emotional/behavioural characteristics: (confidence, ability to express self, anxiety, aggression)

Any other information?

How did you hear about Sound Expression? _____

