



THESIS



This is to certify that the

thesis entitled

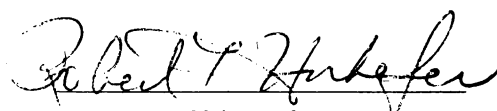
THE DEVELOPMENT OF
THE MUSIC THERAPY
PROFILE OF CHILDREN'S ABILITIES

presented by

Cheryl Anne Swanson, RMT-BC

has been accepted towards fulfillment
of the requirements for

Master's degree in Music


Major professor

Date June 10, 1988



RETURNING MATERIALS:

Place in book drop to
remove this checkout from
your record. FINES will
be charged if book is
returned after the date
stamped below.

--	--	--

THE DEVELOPMENT OF
THE MUSIC THERAPY
PROFILE OF CHILDREN'S ABILITIES

By

Cheryl Anne Swanson, RMT-BC

A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

MASTER OF MUSIC

School of Music

1988

The
compreh
(MTPCA)
potenti
current
activit
social
skills

Sev
emotion
elemen
study.
subjec
reliab
items.
extern
of the
subjec
treatm
relati

5179324-

ABSTRACT

THE DEVELOPMENT OF THE MUSIC THERAPY PROFILE OF CHILDREN'S ABILITIES

By

Cheryl Anne Swanson, RMT-BC

The purpose of this study was to develop a comprehensive music therapy assessment tool for children (MTPCA) to determine a) whether an individual would be a potential candidate for music therapy treatment, and b) the current level of functioning through responses to music activities in the areas: cognitive, affect and temperament, social and interpersonal skills, motor skills, and music skills and interests.

Seven children, classified as autistically impaired, emotionally impaired, or learning disabled from two elementary special education classes participated in this study. The MTPCA was administered individually to each subject. Interscorer reliability and external source reliability were determined for the fifty-five scaled MTPCA items. Selected items showed significant interscorer and external source correlation. The scorers supported the use of the MTPCA as an effective instrument to indicate whether subjects would be potential candidates for music therapy treatment and to obtain a current level of functioning in relation to music activities for each subject.

I v
who ha
thesis
Bartle
thesis

Sp
partic
Mr. Ro

For
thank
specia
acknow
admini

I
for pe
devel

Th
suppo
and c
made

M
Swans

ACKNOWLEDGEMENTS

I would like to express my appreciation to the people who have helped me through the past two years. I thank my thesis advisors: Professor Robert Unkefer and Dr. Dale Bartlett for their assistance in the completion of this thesis.

Special thanks are due to the music therapists who participated in this study: Mrs. Nancy Pollack, RMT-BC and Mr. Roger Smeltekop, RMT-BC.

For their cooperation in participating in this study, I thank Mrs. Michele Jarvis, M.A. and Ms. Sally Whittler, the special education teachers. The author gratefully acknowledges the cooperation of the students, teachers, and administrators of the Lansing School District.

I would like to thank the MSU music therapy students for participating in various phases of the MTPCA's development.

This work could not have been completed without the support and encouragement I have received from my friend and colleague, Bonnie Chan. Her enthusiasm and good humor made our time in East Lansing pleasant and memorable.

My special thanks goes to my parents, Robert and Helen Swanson for their unending words of support and to my

grandparent

through the

I am pa

Stephenson,

encourageme

past two ye

grandparents, John and Irene Carter, for their assistance through the past two years.

I am particularly grateful to my fiancè, Michael Stephenson, for his faithful words of support and encouragement and his ever-listening ear throughout the past two years.

LIST OF FIG

CHAPTER

I. PROBLEM

Need for
Purpose
Hypothes
Theory
Music
The Pr
The A
The M

II. REVIEW

Definit
Music T

III. METHO

Sample
Instrum
The M
Procedu
Statist

IV. RESULT

Reliabi
Inter
Exter
Tea
Exter
and
and

V. SUMMARY

Summary
Recomm

Appendix

Appendix
Appendix
Appendix
Appendix

REFERENCE

TABLE OF CONTENTS

	page
LIST OF FIGURES	vi
 CHAPTER	
I. PROBLEM	
Need for the study	1
Purpose	5
Hypothesis	5
Theory	
Music Therapy with Emotionally Impaired Children . . .	6
The Process of Music Therapy	8
The Assessment Process	10
The Music Therapy Assessment	14
 II. REVIEW OF LITERATURE	
Definitions	20
Music Therapy Assessments	24
 III. METHODOLOGY	
Sample	36
Instrumentation	
The Music Therapy Profile of Children's Abilities .	36
Procedure	39
Statistical Analysis	43
 IV. RESULTS	
Reliability Analysis	
Interscorer Reliability	46
External Source Reliability Between Scorers and	
Teacher Evaluations of Learning Disabled Subjects	54
External Source Reliability Between Scorers	
and Teacher Evaluations for Emotionally Impaired	
and Autistically Impaired Subjects	61
 V. SUMMARY AND RECOMMENDATIONS	
Summary of Results	68
Recommendations	78
 Appendix A MENTAL DISORDERS OF INFANCY, CHILDHOOD,	
OR ADOLESCENCE	81
Appendix B INFORMED CONSENT AUTHORIZATION FORM	93
Appendix C MTPCA THERAPIST'S MANUAL	95
Appendix D TEACHER'S QUESTIONNAIRE	165
Appendix E RELIABILITY STATISTICS OF THE MTPCA	170
 REFERENCES	 211

Figure 1.

Figure 2.

LIST OF FIGURES

- Figure 1. Stages of the Assessment Process 13
- Figure 2. An Outline of the Mental Disorders of
Infancy, Childhood, or Adolescence 25

Musl

development

impairment

impairment

impairment

from the

activities

children

of melody

social pe

accomplis

113). Of

assimilat

interpret

activation

The

learning

assist in

presented

that ther

experien

adaptable

and worth

CHAPTER I

PROBLEM

Need for the study

Music therapy can have a far-reaching effect upon the development of children who bear the handicaps of emotional impairment, mental impairment, orthopedic or physical impairment, sensory impairment, and other health impairment. Children who are handicapped may be isolated from the course and content of normal human life. Music activities can be highly normalizing for handicapped children as everyone can share in its fundamental elements of melody, harmony, and rhythm. Music can "reduce the social perception of deviance by maximizing the normal accomplishments of a handicapped person" (Alley, 1979, p. 113). Often, handicapped children have difficulties assimilating life's experiences, becoming confused in their interpretation. For these children, music can be a cogent, activating experience (Nordoff & Robbins, 1971).

The handicapped child spends much of his/her lifetime learning to live with a handicap. Music not only can assist in helping the child to learn, but it also can be presented as a pleasant learning experience. Alley states that there exists a strong rationale for providing learning experiences that are enjoyable. Music is a highly adaptable modality in this situation. It is pleasurable and worthwhile in its most simplistic forms which require

little into
of music th
personal e
in musical
and facili

Musi
developmen
most notab
the experi
achievemen
Stimulatin
improving
skills, re
motor cont
with child

Musi
that invo
psychiatr
practice.
physicall
populatio
experienc
opportuni
socially

The
therapist
effective

little intellectual or physical competence. The discipline of music therapy provides opportunities for feelings of personal enjoyment and satisfaction through participation in musical activities, while enhancing the learning process and facilitating the growth of each individual child.

Music can play a broad role in the growth and development of children. Dickinson (1976) highlights the most notable benefits of using music with children as being the experience of emotional satisfaction: experiencing achievement, self-confidence, and group involvement. Stimulating communication without the barrier of language, improving concentration and attention span, articulation skills, reading and sequencing skills, and coordination and motor control also are valuable benefits of music therapy with children.

Music therapists practice in a variety of settings that involve children. The most common settings are psychiatric hospitals, school systems, and private practice. Emotionally impaired, learning disabled, physically impaired, and sensory impaired are the populations most often treated in music therapy. Musical experiences for emotionally impaired children offer many opportunities for them to channel undesired behavior into socially acceptable activities (Crocker, 1968).

The music therapist, in conjunction with other therapists comprising a treatment team, can function effectively in treating areas of deficiency. The initial

phase in t
emotionall
assessment
individual
hospital s
psychiatri
an occupat
special ed
setting ma
parents, s
therapist,
program, e
the child
goals and
team and
Paul, 198

Imp
music the
assessmen
impaired,
children.

One
therapist
method in
assessmen
in the fu
increasin

phase in the treatment of autistically impaired, emotionally impaired, and learning disabled children is the assessment of the child by each discipline working with the individual. For example, the treatment team in the hospital setting for an individual client may consist of a psychiatrist, a nurse, a psychologist, a music therapist, an occupational therapist, a physical therapist, and a special education teacher. A treatment team in a school setting may consist of the special education teachers, parents, speech therapist, music therapist, occupational therapist, and social worker. As a part of the treatment program, each discipline performs an initial assessment of the child. After the assessment of the child, treatment goals and objectives are determined collectively by the team and individually by each discipline (Carter, 1984; Paul, 1984).

Implementing an assessment presents a problem for the music therapist. Currently, there are no standard assessments available for music therapy with autistically impaired, emotionally impaired, and learning disabled children.

One of the most critical topics concerning music therapists today is the accountability of services. One method in documenting accountability is through assessment. Scovel (1986) states that an important issue in the future of reimbursements for music therapy includes increasing the sophistication of assessments. Regulatory

agencies make
assessment
For example
Welfare's
used to as
handicapped
Accreditation
which encourage
capacities
(Braswell,
1983). The
by the National
"a client
Therapist,
(National

In
Katz (1977)
is music
profession
is, not s
relation
define the
the fulfil
training,
the techn
the process

agencies mandate, or strongly suggest, the use of a formal assessment procedure to determine treatment or training. For example, the Department of Health, Education, and Welfare's Public Law 94-142 requires that valid measures be used to assess the needs of impaired, disabled, and handicapped clients (James, 1986). The Joint Commission on Accreditation of Hospitals requires that activity services, which encompass music therapy, assess the client's needs, capacities, deficiencies, interests, and life experiences (Braswell, Brooks, Decuir, Humphrey, Jacobs, & Sutton, 1983). The Standards of Clinical Practice, revised in 1987 by the National Association of Music Therapy, Inc., states "a client shall be assessed by an RMT (Registered Music Therapist) prior to the delivery of music therapy services" (National Association of Music Therapy, Inc., 1987, p. 2).

In the Journal of Music Therapy, Cohen, Averbach, & Katz (1978) raise the issue that no profession, whether it is music therapy or another discipline, can obtain professional status without a valid assessment system, that is, not simply the completion of an assessment form. In relation to music therapy, such an assessment system must define the "uniqueness of music therapy and contribute to the fulfillment of an individualized client's treatment, training, and habilitation plan" (p. 92). It follows that the technique of assessment must become an integral part in the process of therapy.

The
music ther
impaired,
children.
Abilities
will be ev
ability to
candidate
functionin
tasks.

Give
reliable r
children :
could have
music the
therapy.

The

1.

2.

Purpose

The purpose of this study is to devise a reliable music therapy assessment tool to be used with emotionally impaired, learning disabled, and autistically impaired children. The Music Therapy Profile of Children's Abilities (MTPCA) created for this study by Swanson (1988), will be evaluated for its reliability as well as its ability to a) discriminate whether a client is a potential candidate for music therapy and b) determine the current functioning level of the client in relation to musical tasks.

Given the problem previously outlined, the need for a reliable music therapy assessment instrument for use with children is great. The development of such an assessment could have a positive impact upon the role of the clinical music therapist and the progression of the field of music therapy.

Hypothesis

The following questions were answered in this study:

1. Will the MTPCA discriminate whether a client is a potential candidate for music therapy treatment?
2. Will the results of the MTPCA provide the music therapist with the current level of functioning of the client in relation to musical tasks?

3. W

r

l

c

Theo

a foundati

following

Music Ther

Musi

include a

bring abo

(1985) el

"behavior

behavior

depends u

those of

knowledge

of music

behaviors

social, a

Mus

therapist

clients t

perhaps b

3. Will the results of the MTPCA demonstrate reliability when given to emotionally impaired, learning disabled, and autistically impaired children?

Theory

Theoretical constructs and assumptions which serve as a foundation for this study will be discussed in the following paragraphs.

Music Therapy with Emotionally Impaired Children

Music therapy is a behavioral science and may also include aesthetic experience in which music is used to bring about positive changes in human behavior. Michel (1985) elaborates further, defining music therapy as a "behavioral science not only because music is human behavior but also because the use of music in therapy depends upon a mastery of behavioral skills in addition to those of performance and teaching, that is, upon the knowledge and skills necessary to relate the human activity of music to therapy goals" (p. 25). These changes in behaviors may include educational as well as emotional, social, and rehabilitative changes.

Music has powerful influences upon behavior. The therapist often uses music as a motivator by encouraging clients to pursue goals that may appear too difficult or perhaps boring in another setting. Music offers a

predictable
gratification
by the per
may develop
successful
socialization

Research

modality for
impaired c
1974; Mahl
Stevens &
Clinical r
treatment

can provide
appropriate
Improvement

skills th
through r
increased
successful

autistic
disabled
enhanced
therapy s

To

must be a
so that t

predictable and orderly structure, and allows for gratification from artistic expression to be easily gained by the performer or client; at the same time, the client may develop an increase in self-confidence from the successful experience and an increase in appropriate socialization skills.

Research has shown that music is an effective therapy modality for treating emotionally impaired and autistically impaired children (Diephouse, 1967; Hollander & Juhrs, 1974; Mahlberg, 1973; Steele, Vaughan, & Dolan, 1976; Stevens & Clark, 1969; Thaut, 1984; Werbner, 1966). Clinical reports show that music is being used as a treatment modality with learning disabled children. Music can provide opportunities for needed creative expression, appropriate socialization, or success-oriented activities. Improvement of receptive and expressive communication skills through singing, development of imitation skills through rhythmic activities, movement, and singing, and increased on-task behavior are examples of common successful goals for the music therapist working with autistically impaired, emotionally impaired, and learning disabled children. Naturally, musical skills are also enhanced and developed through participation in music therapy sessions. (Paul, 1984)

To achieve any of these goals, the music therapist must be at ease with the methods of the musical activities, so that the focus of attention can be directed to the

behavior o
possess a
in order t
The therap
to overpow
means to a
relationsh
therapies,
change. I
genuine in
this to th

With
the assum
modality
autistica

The Proce

In
several m
of music

Acc
therapy.
changes f
condition
therapy o
concepts
therapy .

behavior of the child. That is, the music therapist must possess a solid base of musicianship to draw from at will in order to stimulate, interest, and involve the child. The therapist, however, cannot allow his/her love for music to overpower the fact that, in therapy, music is used as a means to an end (Kessler, 1967). The therapist-child relationship is probably the common denominator for all therapies, and is the main factor in bringing about change. It follows that the music therapist must have a genuine interest in the child, and must be able to convey this to the child.

With this philosophy, this study will operate under the assumption that music therapy is an effective treatment modality with emotionally impaired, learning disabled, and autistically impaired children.

The Process of Music Therapy

In addition to the philosophy mentioned above, several music therapists have described the actual process of music therapy.

According to Michel, change is an implied meaning of therapy. Change is defined as "the bringing about of changes from undesirable, unhealthful, uncomfortable conditions to more pleasant ones" (p. 6). In this sense, therapy can be viewed as a process of learning. Modern concepts of therapy often relate, and sometimes equate, therapy and learning.

Anot

most ideal

setting, w

effective,

of treatin

while atte

the music

individual

objectives

individual

Then

been estab

Krathwohl

objective:

psychomot

parallel

education

component

Sta

domains i

objective

learned m

abilities

objective

values, a

adjustmen

Another assumption of therapy is that it is, in its most ideal form, individualized. In a hospital or school setting, where individual music therapy is not cost effective, individualized therapy can be viewed as a means of treating the individual in a group setting. That is, while attending to group goals, the therapist can tailor the music therapy group session to challenge the individuals involved to work towards their goals and objectives. Thus, music therapy can be defined as an individualized procedure.

Therapy is based on goals and objectives that have been established both for the group and the individual. Krathwohl, Bloom, and Masia have divided educational objectives into three domains: cognitive, affective, and psychomotor (Mahan & Mahan, 1981). Therapeutic objectives parallel these domains. Effective learning in both education and therapy involves change in all three components.

Stanley & Hopkins (1972) defines change in the three domains in the following manner. Cognitive change includes objectives that focus with the "recall or recognition of learned material and the development of intellectual abilities and skills." Affective changes encompass objectives "that emphasize interests, attitudes, and values, and the development of appreciations and adequate adjustments." Psychomotor changes are concerned with

objectives

skills" (p

Peop

areas: cog

then, that

three area

prior to t

individual

measure th

informatio

the treatm

construct

MTPCA, an

The Asses

The

with the a

therapist

purpose o

program p

the asses

working d

The

who will

therapist

from the

implement

objectives pertaining to "physical, motor, or manipulative skills" (pp. 173-174).

People seem to demonstrate change in three explicit areas: cognitive, affective, and psychomotor. It follows, then, that a therapeutic assessment should encompass those three areas. An assessment of this type, administered prior to treatment, would provide a baseline of an individual's current level of functioning from which to measure therapeutic change. It would also provide information necessary to develop therapeutic objectives for the treatment planning of the individual. This theoretical construct provides the framework for the development of the MTPCA, an assessment tool designed for use in this study.

The Assessment Process

The initial phase of therapeutic intervention begins with the assessment. Upon receiving a client referral, the therapist schedules and implements an assessment. The purpose of this assessment is for screening and to aid with program planning. Most facilities have a time period for the assessment to be completed, such as within three working days after the referral is written.

The assessment should be completed by the therapist who will be working with the child. This enables the therapist to meet the client and to begin building rapport from the onset of the therapeutic experience. Before implementing an assessment, the therapist must be familiar

with the p
the attribu
assessor.

One
peop
scie
hypo
hypo
situ
be a
inte
(p.

Asse

spectrum o
(including
and interp
assessment
to sample
therapist
child and

Sat
assessmen

1.
referral
to clarif

2.
medical,
developme
teachers,

3.
clarify c

with the process of assessing. Sattler (1988) describes the attributes of the therapist to be an effective assessor.

One must know a great deal about tests and about people; be capable of using creative skill, scientific rigor, and caution in developing hypotheses; be flexible enough to modify or reject hypotheses in the light of new data; know the situations about which inferences must be made; and be aware of one's own characteristics as an interpreter of test performance and human behavior (p. 532).

Assessment procedures should focus on a broad spectrum of the child's abilities. Psychological factors (including cognitive and affective characteristics), social and interpersonal factors are included in a comprehensive assessment. The more sources (within limits) that are used to sample the child's behavior, the better position the therapist will be in to make firm generalizations about the child and to develop intervention strategies.

Sattler outlines the usual steps in the process of assessment as the following:

1. Review of all referral information. Consult with referral sources, such as psychiatrist, teacher, or parent, to clarify any vague information.
2. Obtain information relevant to the child's medical, social, psychological, educational, and physical development. This information may be obtained from teachers, parents, medical reports, or other agencies.
3. Assess the behavior of relevant adults. This may clarify overt behaviors by the child.

4. O

possible.

5. A

child's ag

proficiency

6. I

7. F

8. D

9. W

form, and

10. M

child to

11. J

progress

process.

Ass

intertwin

of the ch

the child

a descrip

child, an

Eff

monitorin

short- an

parts of

assessment

of treat

4. Observe the child in various settings, where possible.

5. Administer an appropriate assessment, based on the child's age, physical capabilities, and language proficiency.

6. Interpret the data.

7. Formulate hypotheses.

8. Develop intervention strategies.

9. Write a report, using the assessment recording form, and include recommendations.

10. Meet with those involved with the treatment of the child to discuss results and recommendations.

11. Follow up on recommendations and administer a progress assessment when time permits in the treatment process. (see Figure 1)

Assessment and treatment are inextricably intertwined. Assessment involves a careful interpretation of the child's strengths and weaknesses, a description of the child's temperament and personality, the formulation of a description of the current functioning level of the child, and the development of recommendations.

Effective delivery of treatment requires close monitoring of recommendations and interventions. Both short- and long-term follow-up evaluations are important parts of effective treatment beginning with the assessment. The assessment can be used during the duration of treatment to determine a current level of functioning

INPUT STAGE

1. Receive and evaluate referral.

INTERVENING STAGE

1. Administer the assessment.

OUTPUT STAGE

1. Prepare written assessment report.

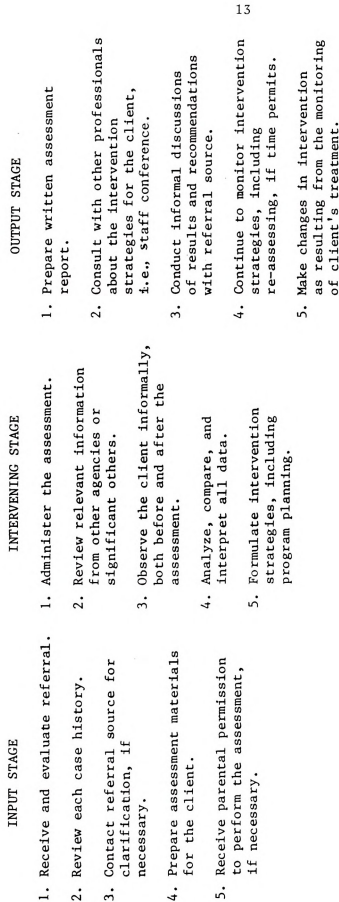


Figure 1: Stages of the Assessment Process

and to com

results, e

the client

The Music

The

Standards

components

psy
func
sha
mus
att
as v

app
fun
met
obs
int
tes
dis
his

per
dev
psy

bas
dat

res

and to compare current data with the past assessment results, enabling the therapist to monitor the progress of the client during treatment.

The Music Therapy Assessment

The National Association for Music Therapy, in the Standards of Clinical Practice (1987), has outlined the components of a music therapy assessment as:

1. The music therapy assessment shall reflect the psychological, educational, social, or physiological functioning as related to the client's needs; and shall focus on the client's responses to music and music skills and preferences. The assessment shall attempt to determine the client's strengths as well as weaknesses.

2. All music therapy assessment methods shall be appropriate for the client's chronological age, functioning level, and cultural background. The methods may include, but need not be limited to, observation during music or other situations, interview, verbal and nonverbal interaction, and testing. Information may also be obtained from other disciplines or sources such as the medical and social history.

3. The assessment shall recognize variability of performance resulting from medications, adaptive devices, positioning, involvement in other therapies, psychosocial conditions, and current health status.

4. All interpretations of test results shall be based on appropriate norms or criterion-referenced data.

5. The music therapy assessment procedures and results shall become a part of the client's file.

6
the
for
comm
serv
resu

7
othe
refe

A m

discrimin

be interp

for music

to determ

musical t

suitable

A c

culminati

include c

concern t

-co

and oral

-af

activity

-sc

communica

interacti

-mc

skills;

6. The results, conclusions, and implications of the music therapy assessment shall become the basis for the client's music therapy program and shall be communicated to others concerned with provision of services to the client. When appropriate, the results shall be communicated to the client.

7. When assessment indicates the client's need for other services, the RMT shall make an appropriate referral (p. 2).

A music therapy assessment requires the therapist to discriminate whether the child performs at a level that can be interpreted as demonstrating if the child is suitable for music therapy treatment. Also, the therapist is asked to determine the current level of functioning through musical tasks for use in program planning when the child is suitable for music therapy treatment.

A comprehensive individualized assessment, culminating in the development of recommendations, should include consideration of the following areas as they concern the child:

- cognition: including reading, arithmetic, written and oral language, color and shape recognition;

- affect and temperament: including attention span, activity level, emotions, interaction, and self-concept;

- social and interpersonal skills: including communication skills, feelings identification, and interaction;

- motor skills: including both fine and gross motor skills;

-mus

performance

This

therapist

music ther

current le

The

gathering

various d

is workin

a) develo

skills, p

behavior,

b) behavi

during te

hospital)

diagnosis

other age

Int

conceptua

the actua

the asses

only invo

the thera

presente

response

utilized

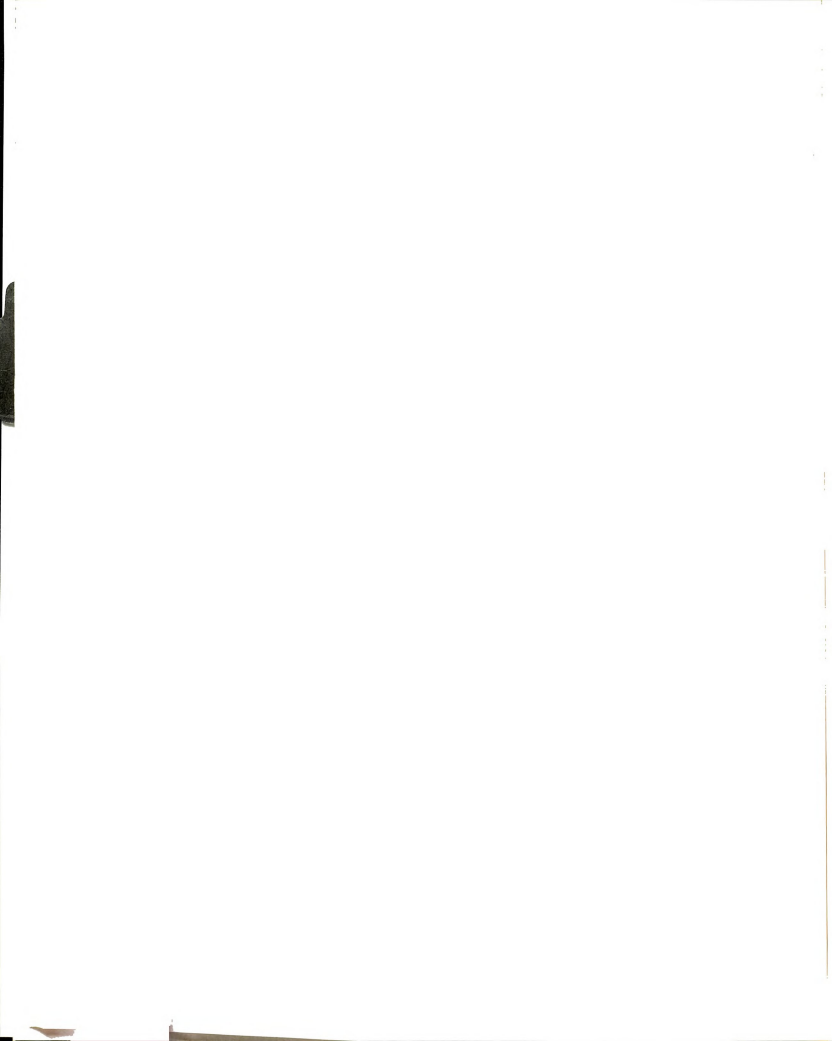
-musical skills and interests: including aural and performance abilities, and preferences.

This type of an assessment procedure will allow the therapist to determine whether the child is suitable for music therapy treatment and to determine the child's current level of functioning.

The assessment is a complex activity, as it requires gathering, integrating, organizing, and interpreting various data. In a music therapy assessment, the therapist is working with the following types of data:

- a) developmental data--including information about academic skills, perceptual abilities, social skills, adaptive behavior, and emotional and personality characteristics;
- b) behavioral data--including observations of behavior during testing and in the facility (i.e., school or hospital); and c) medical data--including the given diagnosis from a physician, psychiatrist, psychologist, or other agencies.

Interpreting the assessment data can be conceptualized as a chain with three main links. First are the actual responses of the child before, during, and after the assessment. Although the actual assessment activities only involve behavioral responses during the activities, the therapist should be sensitive to other behaviors presented by the child. Second, theories through which the responses can be integrated and conceptualized need to be utilized when synthesizing the information from the



assessment. Third, knowledge of what to do with the derived information should be recalled before recording data on the assessment form, which is inserted into the child's records.

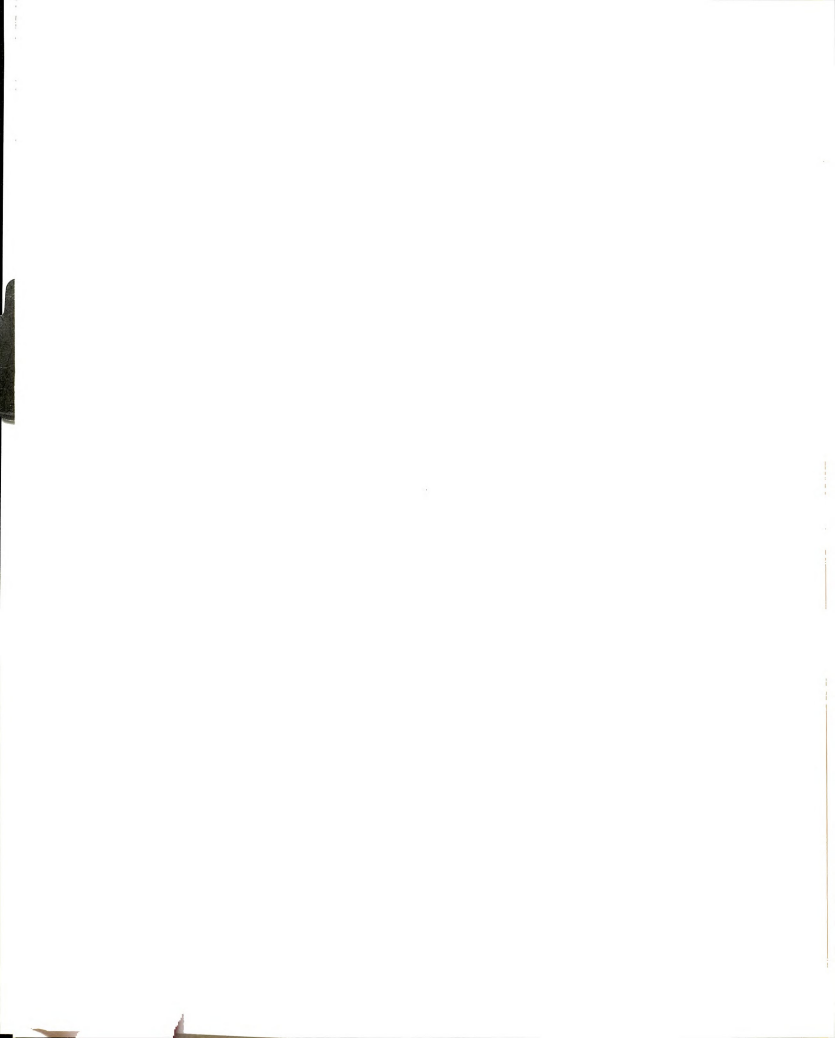
It is necessary to caution therapists implementing and interpreting an assessment. Several factors may influence the responses from the child. For example, the child may be too anxious or nervous to perform the assessment at his/her optimum level. Anxiety may be in the form of separation anxiety, possibly caused by being away from home during the initial phase of in-patient treatment, or the child may be experiencing test anxiety during the assessment. Other factors include the child's personality, situational test demands, other tests recently taken by the child, and medical influences, such as medication currently being taken.

Failure to successfully respond to various tasks may occur for a variety of reasons. Perhaps the child has sensory impairments, motor impairments, or neurological impairments. Careful analysis of a child's entire performance is needed to arrive at a likely explanation of any failures. Also, consulting with other professionals involved with treating the child and seeking information from the child's records should prove beneficial at this time in the assessment process. As a rule, the therapist should never report a failure without providing a possible explanation.

A child's performance in a one-time assessment may be inaccurate. This type of assessment gives information about how the child performs at a specific moment under specific conditions. The overall performance may not reveal the underlying dynamic attributes that are developing in the child. The therapist must look for signs of insight or creativity masked or not directly assessed by the objective activities.

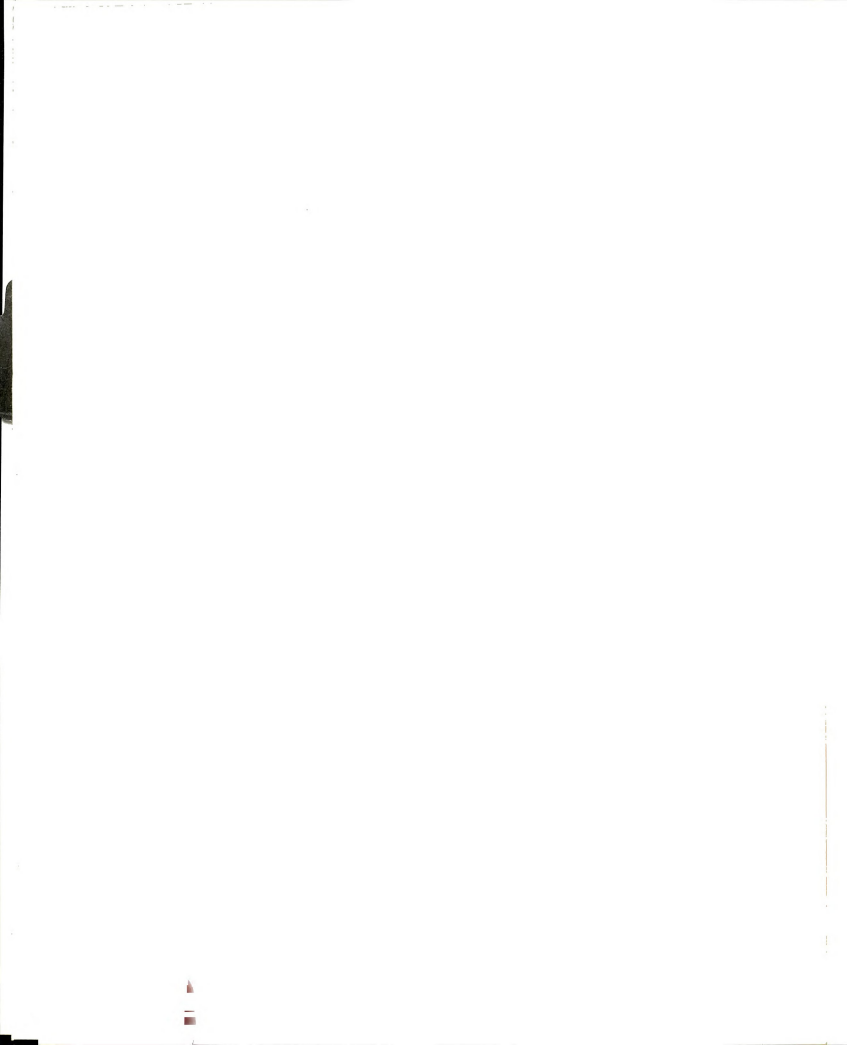
The child's performance must be seen as reflecting not only the level of ability, but also the level of motivation. Unfortunately, there is no way to single out these variables. Since motivation greatly varies among children, a pure ability interpretation of the performance responses is preferred. However, the therapist can add subjective interpretations regarding motivational factors in the given area on the assessment recording form.

Formulating hypotheses from the assessment data starts with a review and analysis of all data sources, including formal (music activities) and informal (observation) assessment results, clinical history, and other available information in the child's records. On the basis of this review, hypotheses can be formulated. Such hypotheses might include whether the child would be a potential client for music therapy treatment and the current functioning level of the child in relation to the child's performance with musical tasks. This information is transferred to the assessment recording form. The



therapist uses the assessment recording form to aid in determining treatment plans and inserts the form into the child's permanent records.

The process of assessment in music therapy requires the therapist to be a competent observer. The therapist must also be able to integrate the observations into objective test data and synthesize the data into relevant information for intervention strategies with the child. Assessment is a complex process, but an essential one to the effective treatment of an individual.



CHAPTER II

REVIEW OF LITERATURE

Definitions

In reviewing related literature, the term assessment has different connotations for different professions. According to Webster's New Collegiate Dictionary (1977), assess is defined in financial terms: "1: to determine the rate or amount of (as a tax) 2a: to impose (a tax) according to an established rate...4: to determine the importance, size, or value of." Assessment is defined simply as "the act or instance of assessing or the amount assessed" (p. 67). For psychologists, assessment means "any procedure for making meaningful evaluations or differentiations among human beings with respect to any characteristic or attribute" (Kelly, 1967, p. 1). Cohen and Gericke (1972), a music therapist and a physician respectively, refer to assessment as relating to diagnosis and the gathering of information, the awareness of the client's needs, the observation of behavior, and the planning of a program for a particular client. Boxill (1985), a music therapist, goes into more detail, regarding assessment as:

A prerequisite for music therapy treatment planning, it provides a unique contribution to the total services of the client. The success of therapeutic intervention is directly related to the quality of a holistic assessment. Such assessment entails identifying (a) developmental skills, (b) deficits and discrepancies in functioning, (c) lags in

developmental milestones, (d) adaptive behaviors, (e) behavioral problems, (f) emotional states and disorders, (g) pathology (mental, physical, pathological), and (h) strengths, interests, and abilities (musical and nonmusical) (p. 24).

Throughout each of these definitions, it is clear that assessment entails observing, collecting data, evaluating data, and making decisions based upon the evaluation of the data.

The terms assessment and evaluation are often used interchangeably. The Standards of Clinical Practice, published by the National Association for Music Therapy defines assessment as "the process of determining the client's level of functioning at a given point in time" (p. 11). Whereas, evaluation is defined as "the review of a client's status in reference to the program plan goals, with consideration given to the appropriateness and/or necessary modification of the plan" (p. 11). For the purpose of clarity in this study, these terms will be used in the context of the above definitions.

The purpose of an assessment may be classified as screening, counseling and rehabilitation, or progress evaluation. A screening assessment entails a brief examination given to identify children who are eligible for certain programs or who have a disorder in need of remediation or rehabilitation. It can also be used to determine whether or not a more comprehensive diagnostic assessment is needed by a psychologist or other specialist. Counseling and rehabilitation assessments

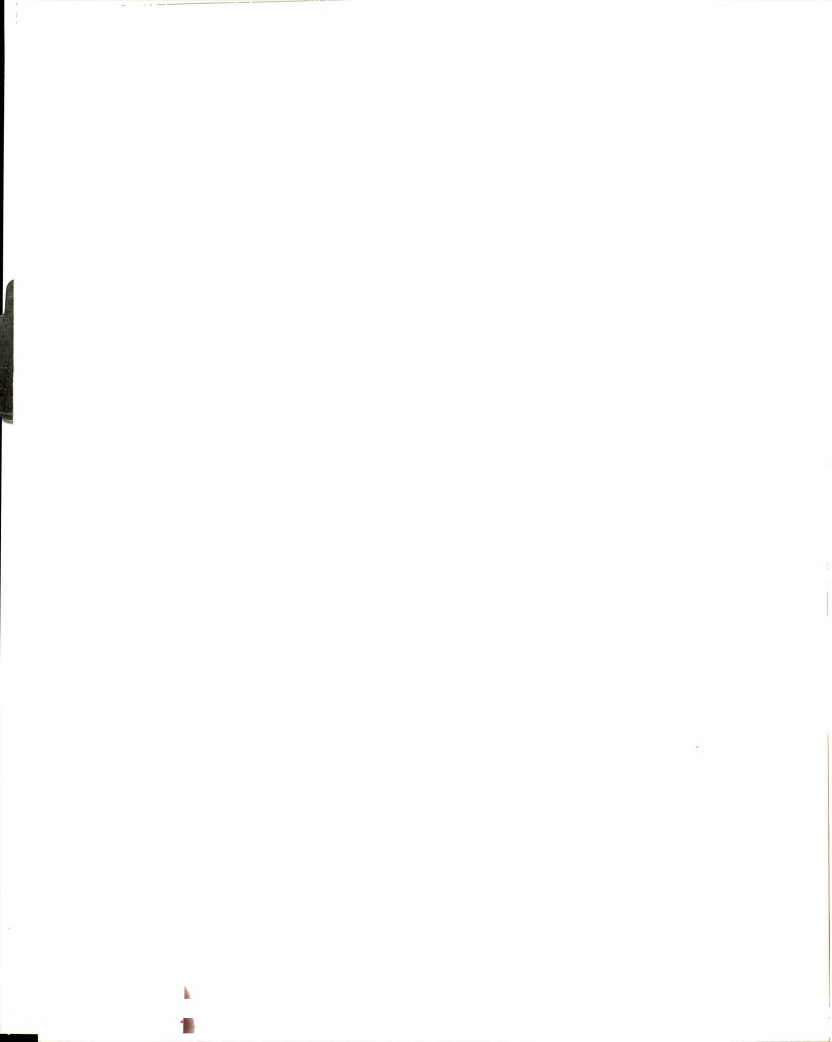
involve evaluating the child's strengths and weaknesses in a variety of areas, with an emphasis on the child's abilities to adjust to and successfully fulfill daily responsibilities. Possible responses to treatment and recovery potential are also considered. A progress evaluation assessment places its focus on evaluating the child in relation to the charting of day-to-day or week-to-week progress.

Typical questions in a comprehensive psychological and educational assessment for children include:

1. What is the level of the child's cognitive functioning?
 2. If there is a handicap, how has it affected the child's language, motor skills, self-concept, interpersonal relations, and related areas?
 3. How is the child performing academically?
 4. What is the most appropriate educational program and setting for the child?
 5. What realistic goals can be set for the child?
 6. How can the school and family deal more effectively with the child's problems or handicaps?
- (Sattler, p. 532)

Terms often associated with and used in the assessment literature refer to the data collected in the assessment process. There are two types of data: subjective and objective. Subjective data is information which originated from within one's mind, such as mental concepts, ideas or beliefs. Objective data is information that is derived from events or material of actual existence or based on observable phenomena and is uninfluenced by human emotion or personal prejudice.

Assessment and testing are often terms that are used synonymously. Tests are simply devices to gather a

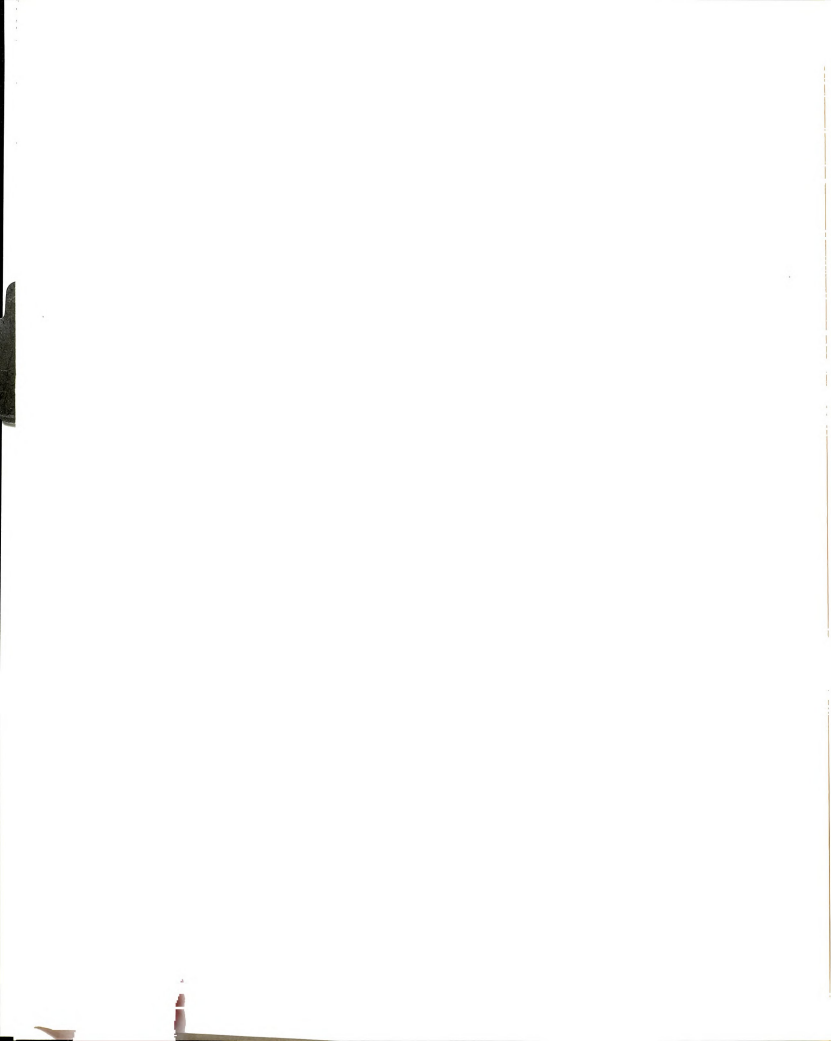


quantitative classification of one or more traits of an individual, whereas assessment involves the entire process of deriving an individual's characteristics. Tests are an integral part of the assessment process and are classified in various ways. Three comparisons of tests are often made: norm-referenced versus criterion-referenced tests, speed versus power tests, and group versus individual tests.

In a norm-referenced test, "a student's performance is compared with that of other students'." In a criterion-referenced test, a "student's performance is compared against pre-determined levels of mastery" (Goodwin & Driscoll, 1980, p. 58). Criterion-referenced tests show whether or not a student can do a specified thing, while norm-referenced tests show how the student performs in comparison to outside norm groups.

A power test measures a full range of skills or abilities without a time limit. A power test is used when how much someone knows is more important than the speed of performance. The items of a power test are ordered with increasing difficulty. A speed test involves a time limit in the testing procedure. Usually the level of difficulty for each item of a speed test is such that given unlimited time, all the items could be completed.

Individual tests are administered one person at a time. Group tests may be administered to more than one

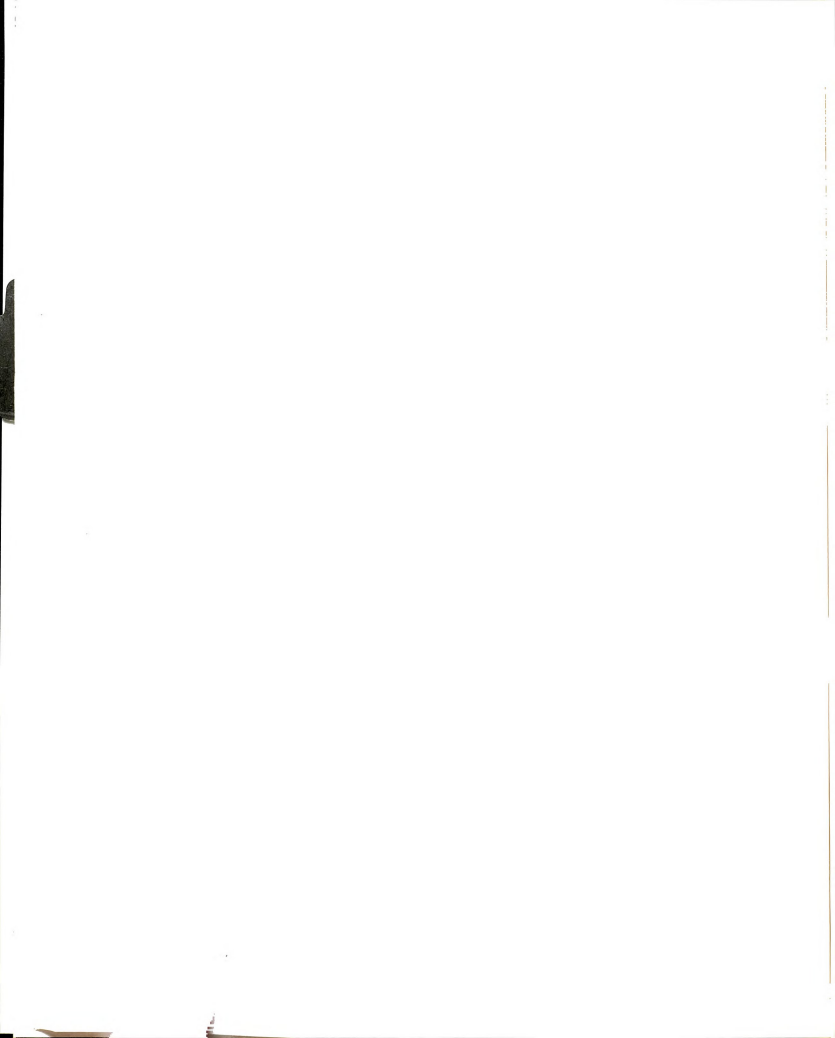


person at a time. Generally, group tests are administered for educational screening; individual tests are administered for diagnostic, classification, and program-placement purposes.

Diagnostic terminology is listed in Figure 2 in order to clarify the intended population for this music therapy assessment. The diagnostic terminology is based upon the criteria from the Diagnostic and Statistical Manual of Mental Disorders, Third edition-Revised (DSM-III-R) (APA, 1987). This assessment is intended to be used in a variety of clinical settings, therefore, the therapist is likely to encounter any of the diagnostic categories found in the DSM-III-R that encompass children. See Appendix A for an explanation of each diagnostic category.

Music Therapy Assessments

In reviewing the literature related to music therapy assessments for children, it is apparent that research is lacking in this area. There exist a limited number of available and/or published music therapy assessments or assessment models for use with children, none of which are standardized. The assessments are published through articles by the developer in the Journal of Music Therapy or in separate publications. None of these assessments, however, is designed to be used specifically with autistically impaired, emotionally impaired, and learning



Mental Disorders of Infancy, Childhood, or Adolescence

- I. Developmental Disorders
 - A. Mental Retardation
 - B. Pervasive Developmental Disorders
 - C. Specific Developmental Disorders
- II. Disruptive Behavior Disorders
 - A. Attention-deficit Hyperactivity Disorder
 - B. Oppositional Defiant Disorder
 - C. Conduct Disorder
- III. Anxiety Disorders of Childhood or Adolescence
 - A. Separation Anxiety Disorder
 - B. Avoidant Disorder of Childhood or Adolescence
 - C. Overanxious Disorder
- IV. Mood Disorders
 - A. Major Depressive Disorder
 - B. Dysthymia
- V. Schizophrenia
- VI. Eating Disorders
 - A. Anorexia Nervosa
 - B. Bulimia Nervosa
 - C. Pica
 - D. Rumination Disorder of Infancy
- VII. Gender Identity Disorders
 - A. Gender Identity Disorder of Childhood
 - B. Gender Identity Disorder of Adolescence or Childhood, Nontranssexual Type
 - C. Transsexualism
- VIII. Tic Disorders
 - A. Tourette's Disorder
 - B. Chronic Motor or Vocal Disorder
 - C. Transient Tic Disorder
- IX. Elimination Disorders
 - A. Functional Encopresis
 - B. Functional Enuresis
- X. Speech Disorders Not Elsewhere Classified
 - A. Cluttering
 - B. Stuttering
- XI. Other Disorders of Infancy, Childhood, or Adolescence
 - A. Elective Mutism
 - B. Identity Disorder
 - C. Reactive Attachment Disorder of Infancy or Early Childhood
 - D. Stereotypy/Habit Disorder

Figure 2: An outline of the mental disorders of infancy, childhood, or adolescence.

disabled children, ages five to ten. Each of these assessments will be reviewed in this chapter.

Boone (1980) has developed the Diagnostic Assessment of Music Related Expression and Behavior (D.A.M.R.E.B.).

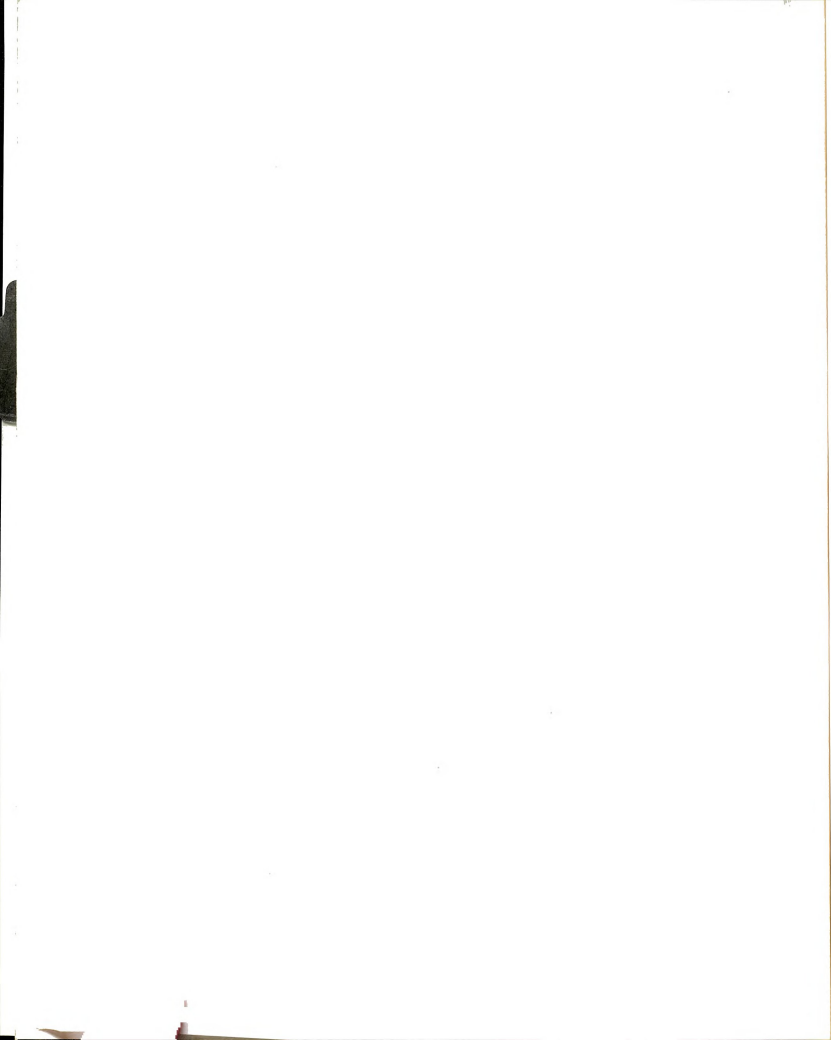
This is an assessment for severely/profoundly developmentally disabled persons. The purpose of the D.A.M.R.E.B. is to provide the necessary information for music therapy treatment planning. The categories for assessment are: oral expression, instrumental expression, motoric expression, imitation, emotional expression, and interaction. Each category is explained in terms of music tasks and behaviors. The assessment is administered one category per session. The specific music tasks are determined by the assessor, based upon the assessor's musical abilities and the client's needs. Boone also developed a Score Sheet for the D.A.M.R.E.B. The D.A.M.R.E.B. is very time consuming and limited to the severely/profoundly developmentally disabled population, although the author suggests the assessment can be adapted by the therapist to other populations.

Boxill (1985) included a chapter for assessment and treatment planning in music therapy with the developmentally disabled population. The book provides useful information for the music therapy student and the beginning professional. The most valuable aspects of this chapter are the norm-referenced developmental tables, the listing of standard evaluative tests in all areas for the

developmentally disabled, the sample assessment form designed by the author, and the practical formats suggested for music therapy treatment planning with the developmentally disabled. The assessment form included is very complex, and the author does not provide activities or methods to arrive at the data for completing the assessment form. The areas in the assessment include: background information, general characteristics, motor domain, communication domain, cognitive domain, affective domain, social domain, and musical behaviors.

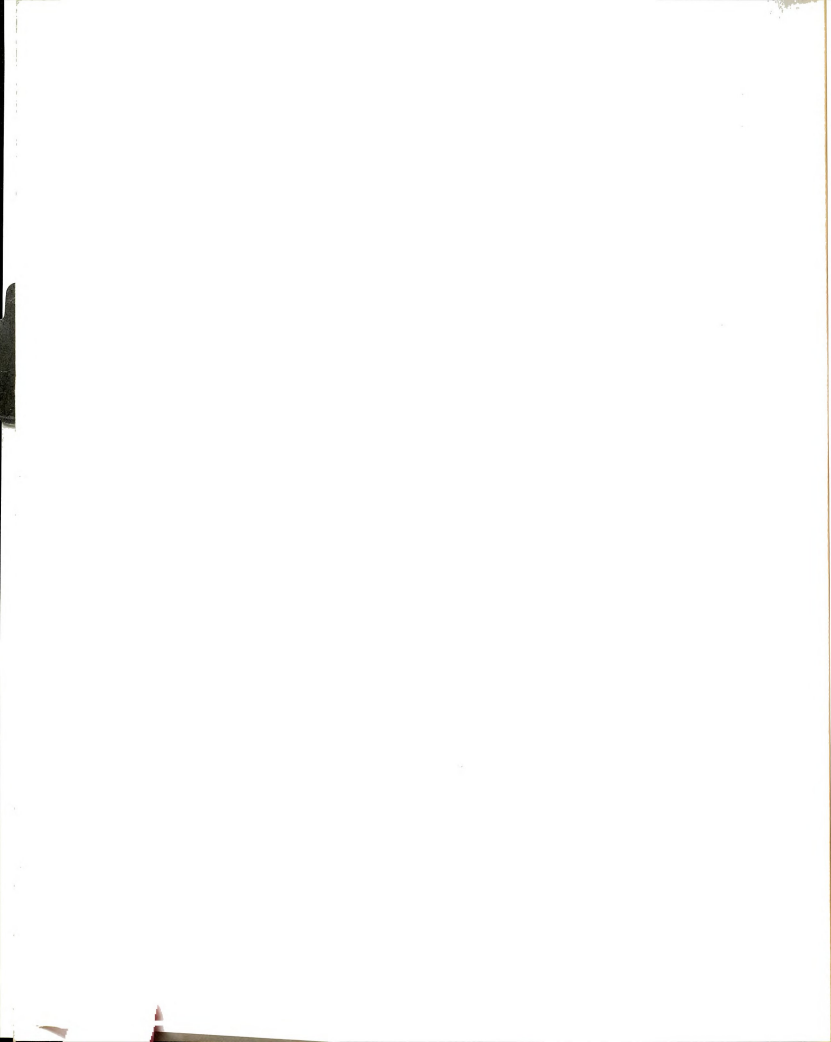
Bruscia's text, Improvitational Models for Music Therapy (1987), outlines several models of improvisational music therapy techniques. Within the models, the topic of assessment and evaluation is addressed. Although each therapy model in the text addresses the issue of assessment, only those models that describe assessment techniques are reviewed.

Creative music therapy (the Nordoff-Robbins Model) is presented in Unit 2 of Bruscia's text. Chapter 3 describes the assessment process for creative music therapy. The therapist observes the client's responses in the therapist-client spontaneous music-making sessions. "As the child responds to the various elements of improvised music, s/he forms a 'musical self-portrait' that reveals the whole personality" (p. 34). The purpose of assessment in creative music therapy is to gather information for directing the course of therapy. Nordoff-Robbins have



outlined three assessment models. First is the "Thirteen Categories of Response". The purpose of this model is to analyze how the child responds to music stimuli. Second are the "Evaluation Scales I & II". Scale I is comprised of ten levels which describe the client-therapist relationship during musical activities focusing on two dimensions: the client's level of participation and the qualities of the client's resistance. Scale II involves ten levels used to describe the client's musical communicativeness in performance tasks. The third model of assessment is "Musical Responses Scale III". This evaluates the client's responses with regard to instrumental rhythmic activity and singing. Each assessment model contains a description of the appropriate behaviors of the client with regard to the given musical stimuli and of the method for documenting the client's responses, although no forms are provided.

Free Improvisation Therapy (The Alvin Model) is presented in Unit 3. Assessment and evaluation is addressed in Chapter 8. This method is an informal assessment to determine the client's level of development with regard to various relationships. Areas of development are physical, intellectual, and social-emotional. The evaluation is based upon the observation of the client's behavior to listening tasks, instrumental activities, and vocal activities. The method for documenting the client's responses is not defined in Bruscia's text.



Analytical Music Therapy (The Priestly Model) is described in Unit 4. Assessment and evaluation is addressed in Chapter 11. In the analytical music therapy model, assessment and evaluation are an intertwined and ongoing process throughout treatment. The therapist analyzes and interprets the client's responses to improvisational music activities. The procedures and stages for therapy most commonly followed are: Initial Interview, The Emotional Spectrum, Analysis of Resistance, Analysis of Ego Defenses, and Analysis of Psychosexual Stages. Each stage is explained in the text in terms of musical behavior. Records are written immediately after each music therapy session. The precise format for record-keeping is determined by the therapist.

Experimental Improvisation Therapy (The Riordan-Bruscia Model) is explained in Unit 5. Assessment and evaluation is addressed in Chapter 16. The primary purpose of assessment is to monitor the dynamics of the music therapy group with regard to behavior along three axes: selfness/otherness, fusion/differentiation, and stability/change. Each axis is explained and a chart, for use with documentation, is provided within the chapter.

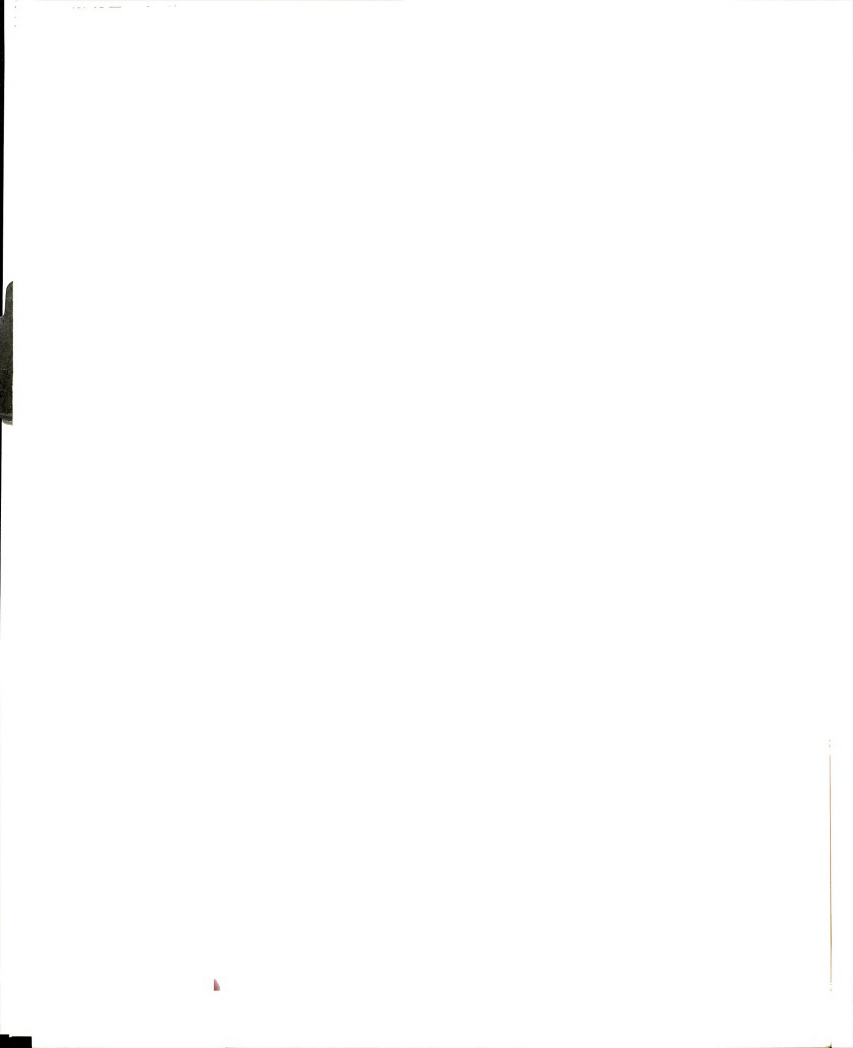
Paraverbal Therapy (The Heimlich Model) is explained in Unit 7. Assessment and evaluation is addressed in Chapter 22. Assessment is an integral part of paraverbal therapy and is diagnostic in nature. The primary means of collecting data are the paraverbal techniques used in



therapy. Techniques explained in the chapter are: instrumental rhythmic dialogues, dual dependent maneuvers, the metaphoric use of instruments, art maneuvers, play improvisations, and the metaphoric use of songs. Four methods of record-keeping are described: clinical logs, behavioral checklists, progress evaluation scales, and tape recordings. The actual format for documentation must be created by the therapist.

Integrative Improvisational Therapy (The Simpkins Model) is described in Unit 8, Chapter 28. The purpose of assessment is to determine the client's range and level of sensorimotor, emotional, and interpersonal functioning. Each area is defined in the chapter. The source of data for the assessment is the client's spontaneous responses to music. The method of documentation must be developed by the therapist.

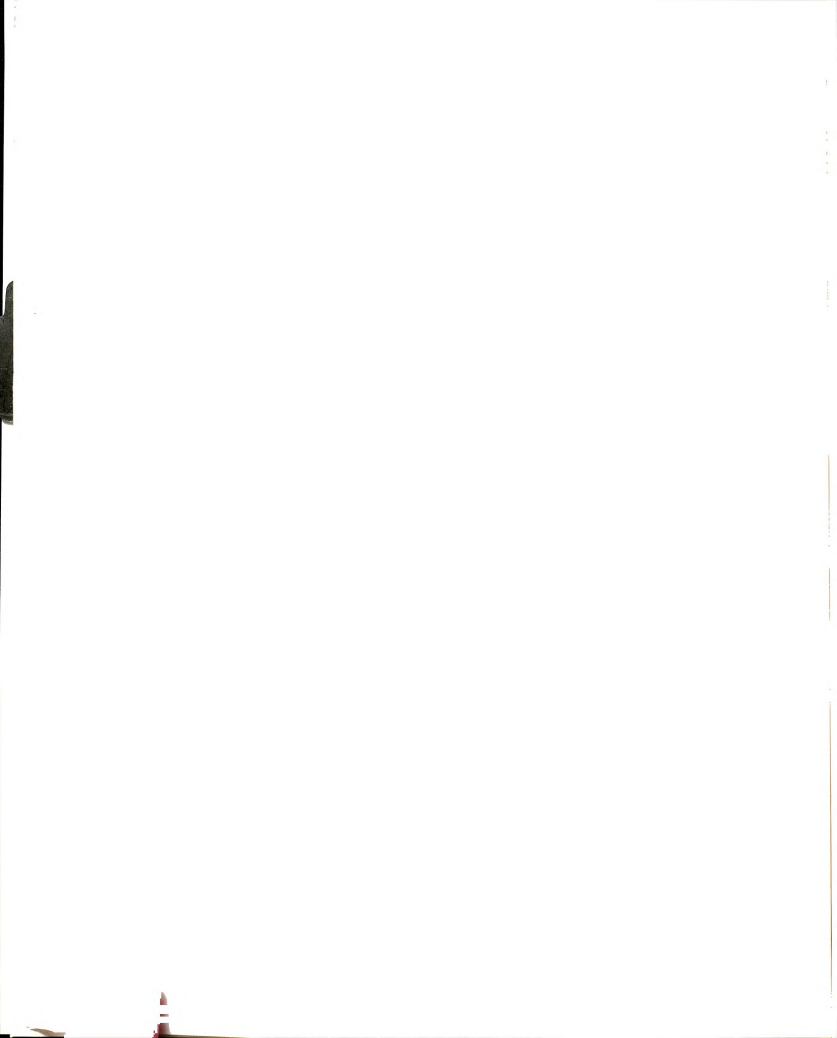
Improvisation Assessment Profiles (The Bruscia Model) is presented in Unit 9. The Bruscia model of "client assessment is based upon clinical observation, musical analysis, and psychological interpretation of the client's improvisation." The Improvisation Assessment Profiles (IAP) focus on the process of musical improvisation and the resulting product. "The IAP are not designed for observing and analyzing other kinds of musical responses such as listening, composing, or performing" (p. 403). The IAP consist of six profiles: integration, variability, tension, congruence, salience, and autonomy. (Each profile is



defined in Chapter 22 of the text.) The profiles are designed to be used together as a comprehensive assessment battery, although they may be used separately when needed. The IAP is conducted in three simultaneous steps, requiring several sessions. The steps are: clinical observations of the client's improvisations, musical analysis of the improvisations, and interpretation of the data. Each step is explained in the text. The author provides extensive directions for administering the IAP and interpreting the data in Chapter 31 of the text. Chapter 33 provides psychoanalytic and existential perspectives for analyzing the IAP. The IAP scales and criteria for the scales are provided in the appendix to Unit 9. The specific method for documenting the IAP are not provided. The IAP appear to be very time consuming to learn and to implement.

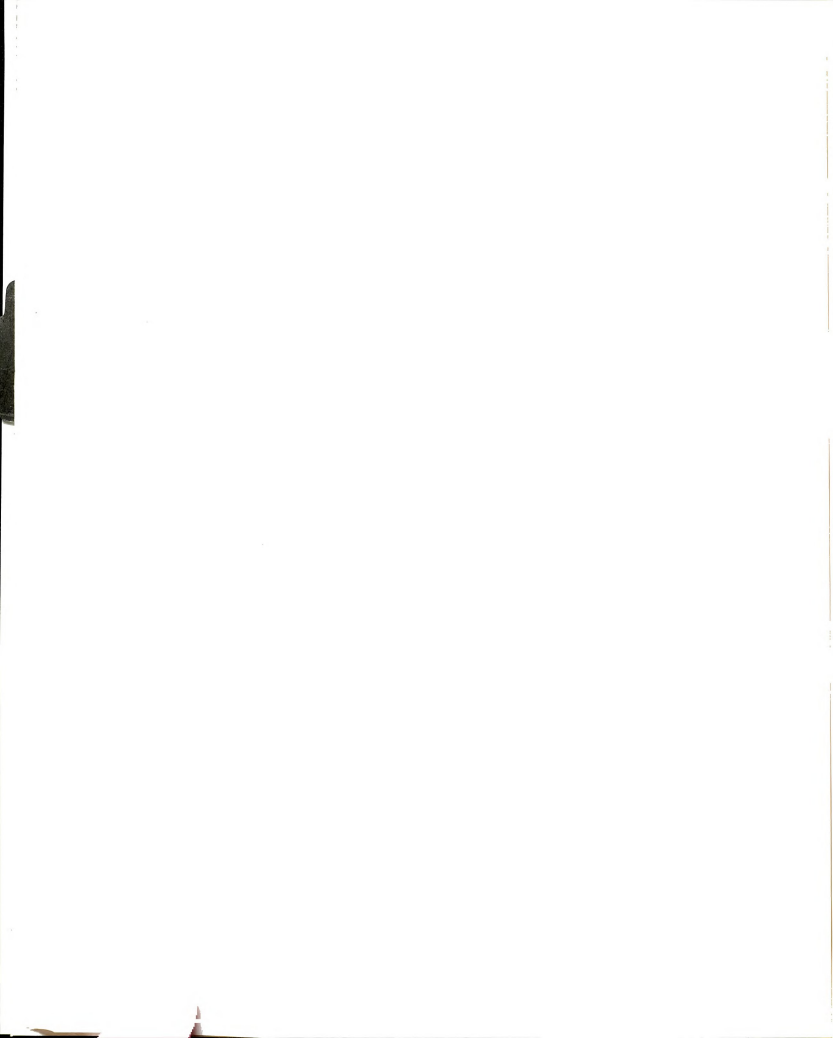
The assessment models provided in Bruscia's text are based solely on the subjective interpretation of the client's responses to musical improvisation. The models do not provide data for functioning in cognitive, motor, and language domains. Overall, the improvisational assessments appear time-consuming to administer and do not provide prescribed formats for therapist documentation.

Henry, Knoll, & Anderson (1982) compiled a book, Music Works...A Handbook for Music Therapists, providing forms for most every need. Chapter 6, titled "Service Delivery and Documentation", is 105 pages of various forms, such as samples of documentation, letters introducing music



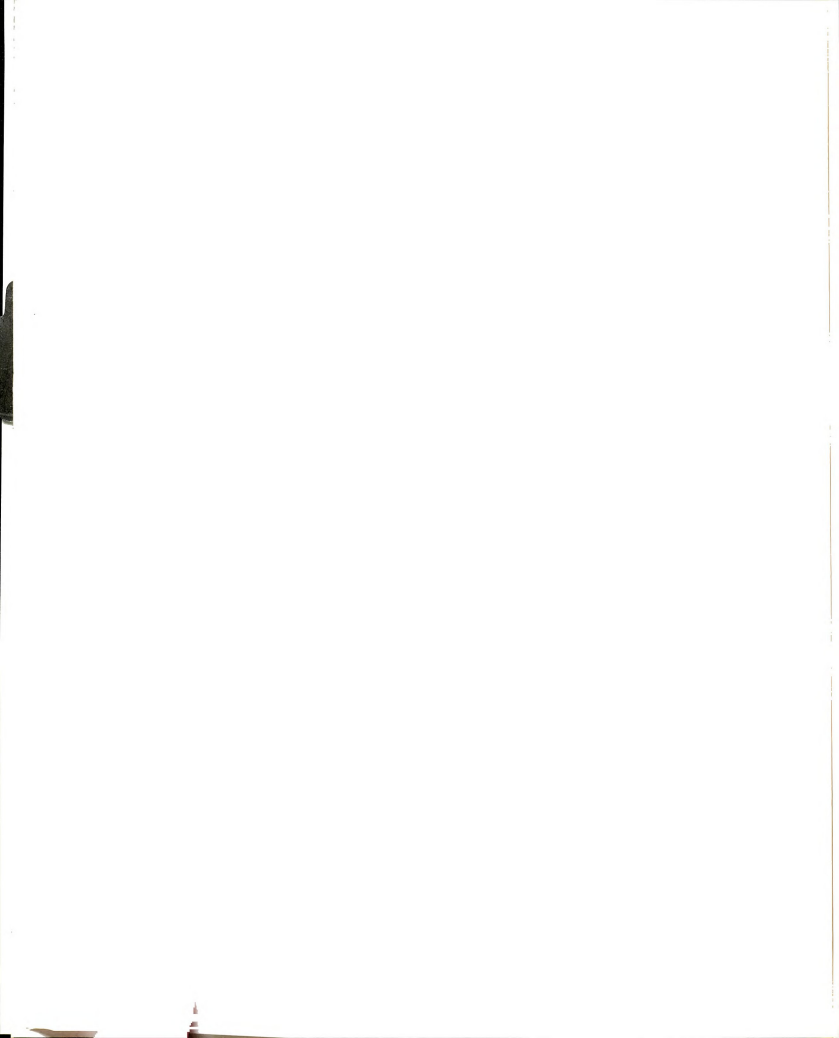
therapy, referrals, progress notes, and various reports. Overall, the forms are clear and concise, geared mainly towards special education and private practice settings. The authors compiled these forms adding little to no explanation about how to use them. The assessment forms are presented without any instructions of how to implement the assessment and record assessment data. Also, there are no guidelines or suggestions to help the therapist with the music activities to be used when implementing an assessment.

Michel and Rohrbacher (1982) edited The Music Therapy Assessment Profile for Severely/Profoundly Handicapped Persons (MTAP). The MTAP is for both assessment and evaluation purposes. It is intended to be used by music therapists to assess and develop treatment programs, not to be used as a comprehensive diagnostic tool. The MTAP is designed to attain a profile of the individual's responses with musical stimuli. This assessment encompasses the following developmental skill areas: motor (gross, fine and perceptual), communication or language (nonverbal and verbal), cognitive or conceptual, and social-emotional. The MTAP is currently limited to development of 0-27 months age level; however, the editors intend to extend all developmental categories to the 36 month age level. The MTAP is administered in one hour or less by the experienced music therapy assessor. The instructions to administer the MTAP are vague. They do not instruct the assessor with



what items to begin the assessment session; for example, if the client exhibited a seemingly higher level of functioning than the 0-2 month level where the tasks begin, should the assessor begin at the 0-2 month level or proceed to the 12-15 month level? Also, the MTAP does not instruct what to do if the client continually fails items; that is, should the assessor stop the sessions after four consecutive test items are incorrectly performed? Michel and Rohrbacher have indicated that the procedures for administering the MTAP will be clarified in the next printing of the MTAP. All items test behaviors or skills using prescribed musical tasks. The items are scored as either passed or failed, and each item provides the assessor with a description of passing responses. Results are charted on the MTAP graph. The MTAP may also provide the therapist with some expectation of developmental skills that may emerge at the next stage beyond the current developmental level. The MTAP is limited to the severely/profoundly developmentally disabled population and it is cumbersome to learn all the test items.

Rider (1981) has developed a Musical-Perception Assessment of Cognitive Development (M-PACD). The visual assessment tasks of Jean Piaget were a model in developing and administering fifteen auditory tasks. The tasks include such concepts as class inclusion, conservation, mental imagery, and seriation. The Journal of Music Therapy article includes a description of the fifteen

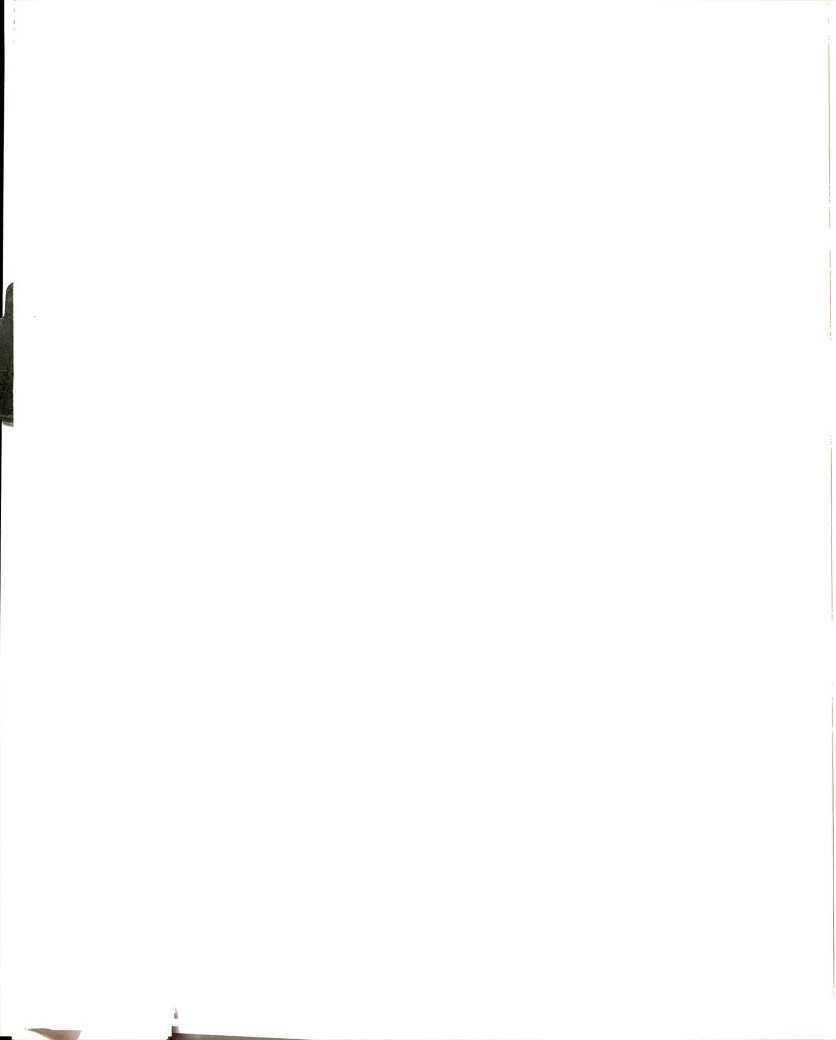


tasks. The study concludes that the M-PACD is consistent in task acquisition order and is valid in ascertaining mental age. M-PACD is designed to be used with ages 2 to 12. It is a very complex assessment for a therapist to learn and does not provide the therapist with the current level of functioning of the child in the affective, motor, and social domains.

Sutton (1984) has designed a Music Therapy Physiological Measures Test (MTPMT). A copy of the MTPMT form and an explanation of the test is included in the Journal of Music Therapy. The MTPMT is a valid and easily administered method for recording gross and fine motor movements. The test may be helpful to therapists using musical instruments to facilitate physical rehabilitation within a variety of settings. The MTPMT is not useful as a comprehensive music therapy assessment, as it does not assess the affective, cognitive, and social domains.

The music therapy assessments for children that are currently available are designed primarily for developmentally disabled or for diagnostic purposes. Boone and Boxill have developed screening or progress evaluation assessment tools for developmentally disabled children. Sutton has developed a music therapy assessment for physiological measures for children, regardless of their handicap. Bruscia has developed a screening improvisational music therapy assessment tool with children, regardless of their handicap; however, this

assessment does not provide a baseline for the child's level of academic functioning. Several other improvisational assessment models are presented in Bruscia's text. Henry, Knoll, and Anderson have outlined assessment procedures for use with music therapy in special education and private practice settings. Michel and Rohrbacher designed a diagnostic music therapy assessment tool for severely/profoundly handicapped persons, limited to the developmental age level of 0-27 months. Rider has developed a diagnostic music therapy assessment tool for the cognitive development of 2-12 years of age. There are no comprehensive music therapy assessment tools designed for use specifically with autistically impaired, emotionally impaired, or learning disabled children. The Music Therapy Profile of Children's Abilities has been designed specifically for this purpose.



CHAPTER III

METHODOLOGY

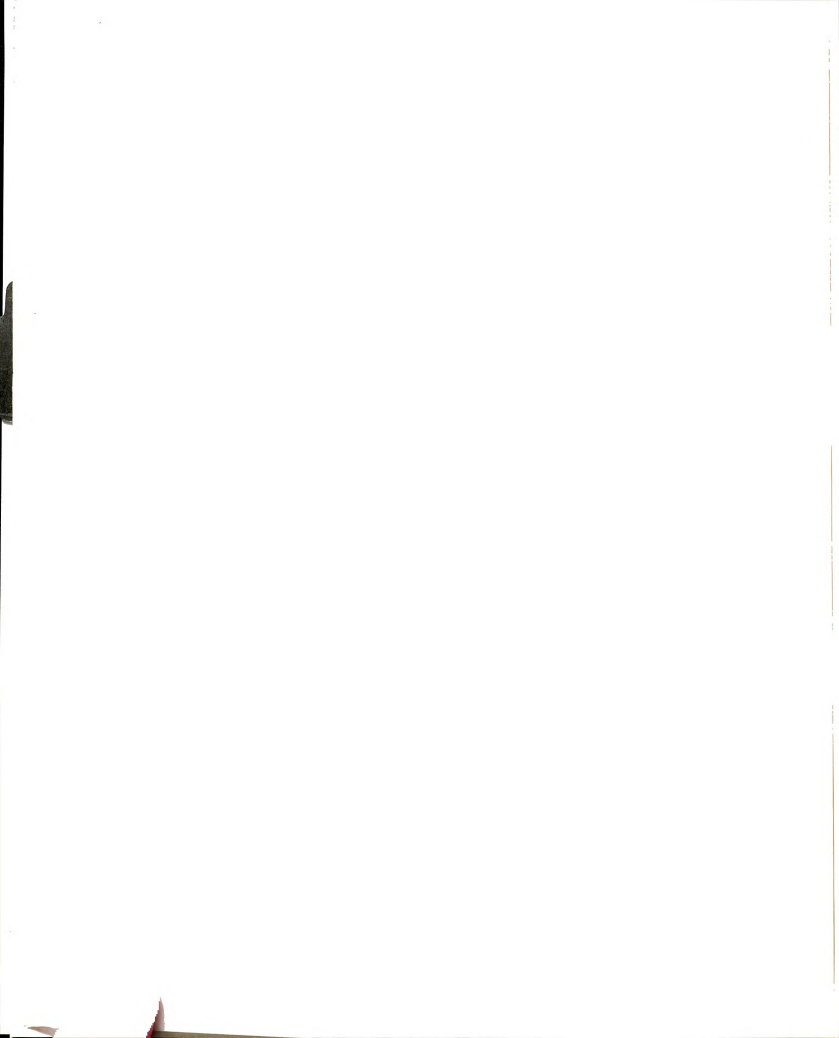
Sample

The sample population for this study consisted of seven children, two female and five male, ages six to nine. One autistically impaired child and three emotionally impaired and three learning disabled children participated in this study. The subjects were from two elementary special education classes in a midwestern urban school district. Each class consisted of nine children, one teacher's aide, and one special education teacher. One class contained learning disabled children and the other class consisted of autistically impaired and emotionally impaired children.

Instrumentation

The Music Therapy Profile of Children's Abilities

The Music Therapy Profile of Children's Abilities (MTPCA) was developed for use in this study and has been designed with both assessment and evaluative capabilities. The MTPCA was developed to be administered prior to treatment as a pretest, assessing the child's behaviors and providing baseline information for treatment planning. It was also designed to be administered following treatment as a posttest to evaluate for changes that may have occurred during the treatment process. This study will test only



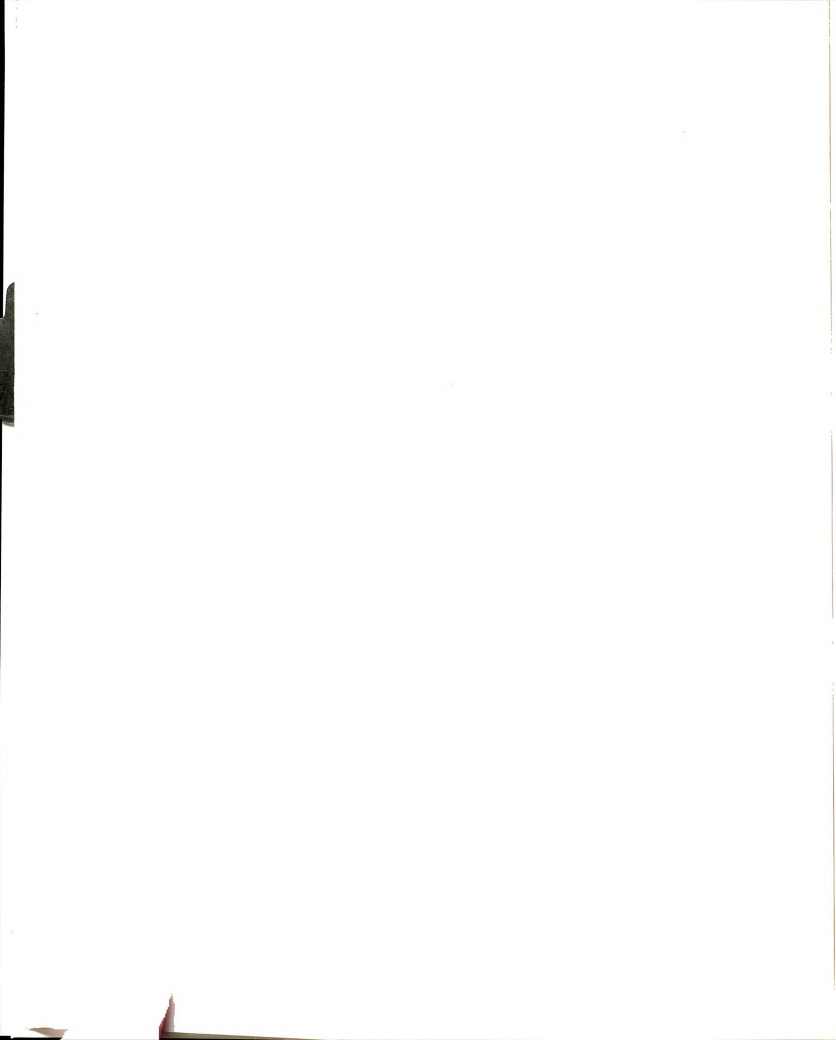
for the purpose of assessment of the MTPCA due to severe time constraints.

The MTPCA consists of seven sections: Academic Skills, Communication Skills, Motor Skills, Affective Characteristics, Social Skills, Auditory Perception Skills, and Musical Preferences. Each section is divided into appropriate categories to measure the child's performance in the designated area.

The Academic Skills section consists of 2 parts: Classroom Behavior and Basic Concepts. Classroom Behavior involves such areas of the child's behavior as remaining in an assigned area, attending to task, following directions, and working independently. Basic Concepts includes such academic concepts as: colors, shapes, numbers, letters, and body parts.

The second section, Communication Skills, contains 5 parts: Pre-Verbal Expression, Receptive Language, Expressive Language, Vocabulary, and Articulation. This section analyzes those skills necessary for communication, such as initiating vocal sounds and words; expressing ideas, wants, and needs; and using phrases or sentences.

Motor Skills, the third section, includes 2 parts: Gross Motor Skills and Fine Motor Skills. Both of these parts involve motor skills that are utilized in music therapy treatment, such as eye-hand coordination, motor sequences, and independent finger movement.



The fourth section, Affective Characteristics, consists of 2 parts: Self-Concept and Emotions. Self-Concept includes such items as: makes positive comments about self, displays pride in work, and maintains eye contact. The Emotions part consists of the usage of facial affect, expression of appropriate emotions, and identification of emotions.

The content of the fifth section, Social Skills, includes two parts: Interaction and Attention Span/Compliance. Interaction involves such topics as appropriate communication, taking turns, and initiating interaction with others. Attention Span/Compliance contains items involving responses to defined limits, and accepting and asking for help when needed.

The sixth section, Auditory Perception Skills, contains two parts: identification of changes/differences in timbre, dynamics, pitch, rhythm, and tempo; and imitation of single pitches, simple phrases or melodies, simple rhythms, dynamics, and tempos.

The seventh section consists of the Musical Preferences of the child for instruments and music styles.

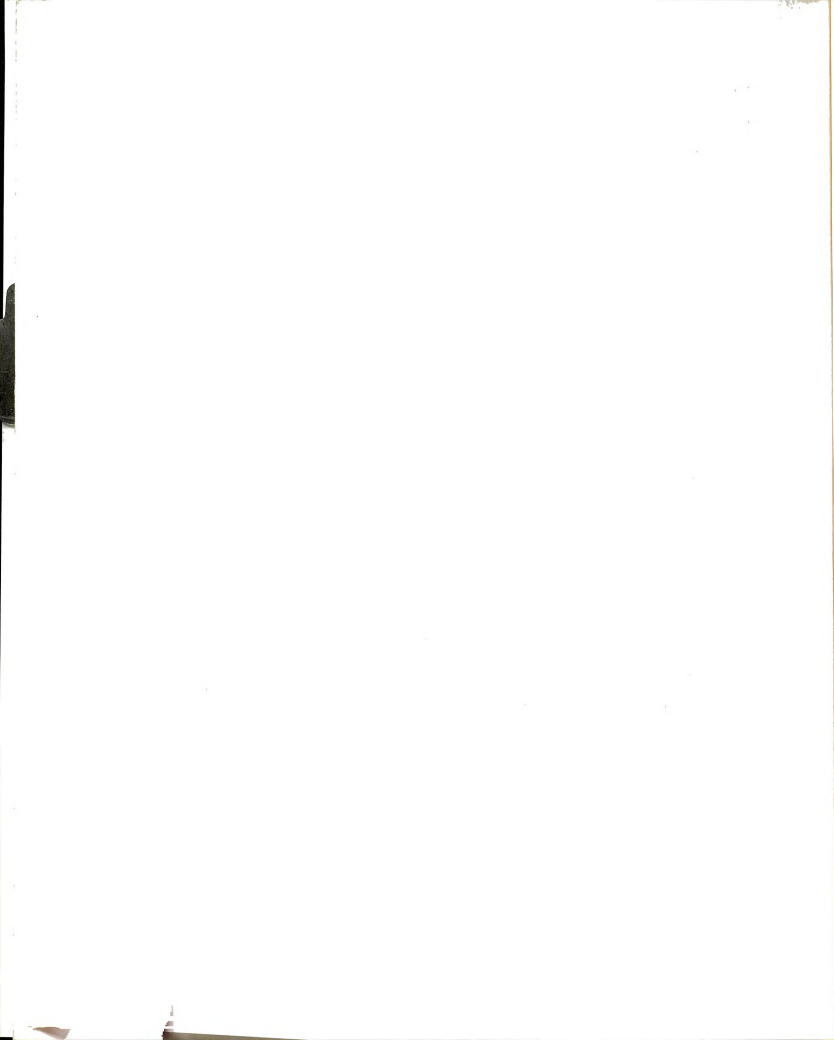
The assessor is asked to indicate the child's responses by checking the suitable items on the MTPCA Recording Form. This includes either checking the appropriate category or item or listing the actual responses of the child during the assessment. For many items, the assessor must indicate a response about the

child's behavior regarding the item using an interval scale of: "never", "rarely", "sometimes", "frequently", and "always". The final portion of the MTPCA Recording Form includes a narrative format; that is, a summary of the assessor's observations and interpretations of the assessment are written in the Assessment Summary and the Recommendations sections of the form.

The MTPCA is designed so that the information needed to complete the recording form can be derived from one assessment session, lasting approximately 45 minutes. Data can be derived from the use of the musical activities prescribed in the MTPCA Therapist's Manual. The activities for the Auditory Perception Skills have been designed by the author specifically for the MPTCA. All of the other music activities used in the MTPCA are from the Hap Palmer Favorites: Songs for Learning Through Music and Movement (1981) and are used by permission from Hap Palmer. These songs are: "A Pocket Full of B's", "All the Colors of the Rainbow", "Be My Friend", "Countdown", "Feelings", "Play Your Sticks", and "Shake Something".

Procedure

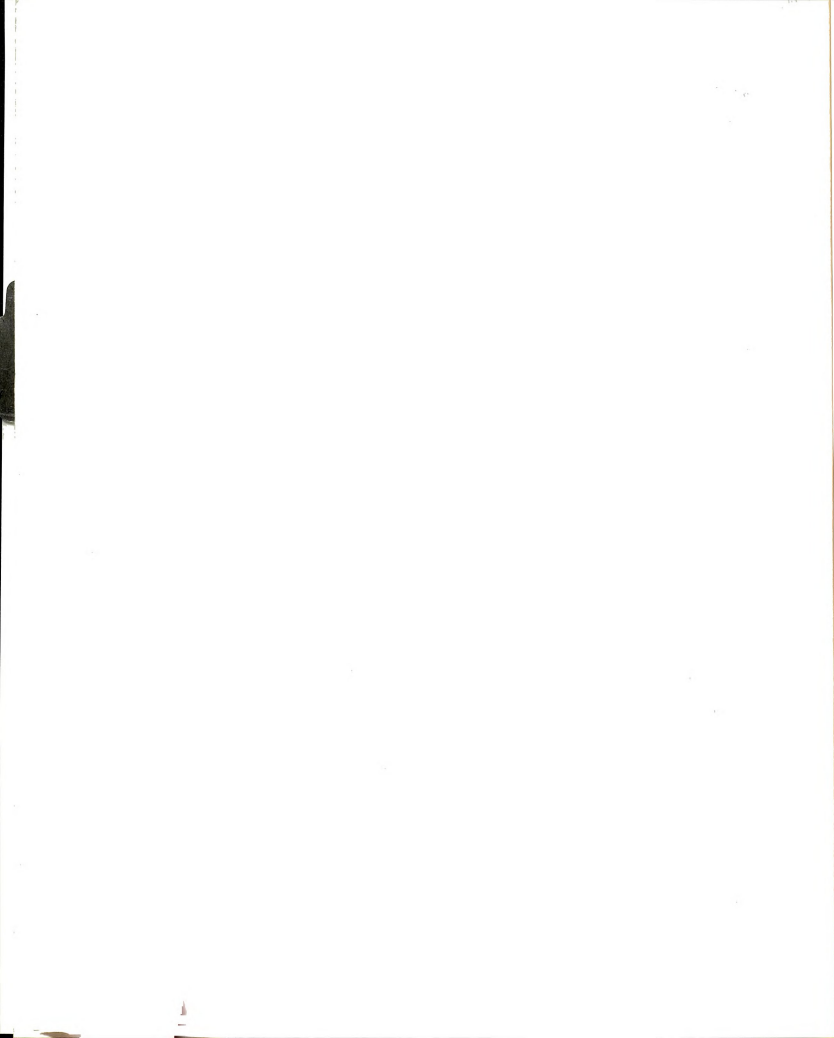
The school district was contacted for approval to allow children from two special education classrooms to participate in this study. Once the approval was authorized, the subjects took an Informed Consent Authorization Form (Appendix B) to their parent or



guardian. The form includes a written description of the study and of the subject's role and rights in this study. If willing to participate, the parent or guardian and the child signed the consent authorization form acknowledging willingness to participate in this study. The children returned the form to the classroom teacher. Once informed consent was obtained, the data collection process began.

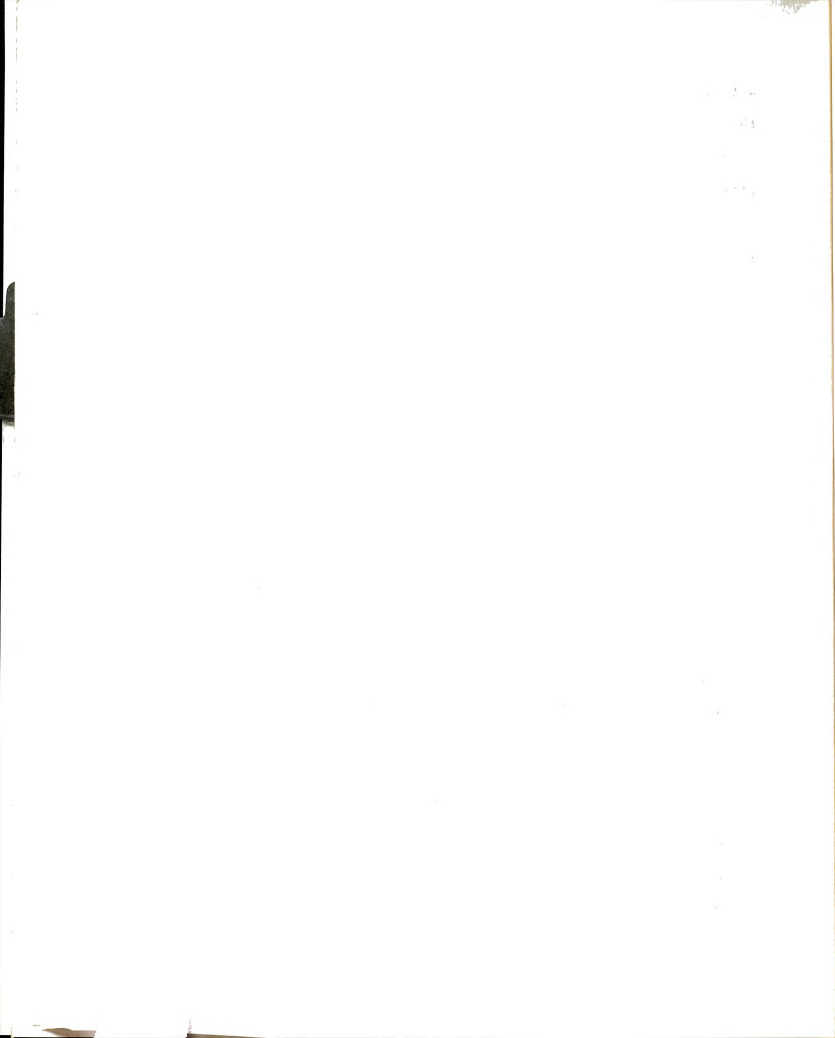
Three Registered Music Therapists-Board Certified, two female and one male, administered the MTPCA. Before beginning the administration of the MTPCA, the three music therapists met for a training session of the MTPCA Therapist's Manual. The Therapist's Manual contains background information regarding the assessment process, the MTPCA music activities, the MTPCA Recording Form, and instructions to conduct the activities and complete the recording form. The manual was revised as a result of this training session. The revised MTPCA Therapist's Manual is found in Appendix C. The training session included instructions by the author for implementing the MTPCA and using the MTPCA Recording Form. Time also was used to practice the music activities in the MTPCA.

Testing occurred on two days; four children were tested the first day and three were tested the second day. The MTPCA took 45-60 minutes to administer. The assessments were administered in a small room near the children's classrooms in the elementary school. During the data collection process, a music therapist met individually



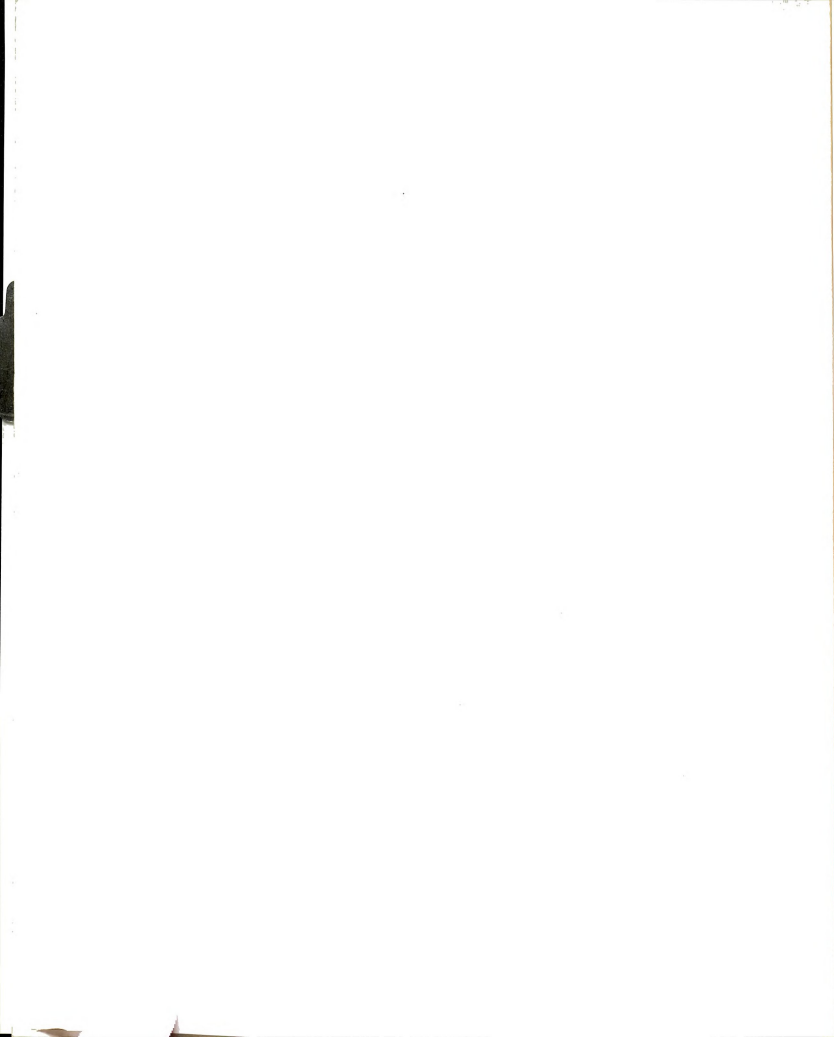
with each subject to administer the MTPCA. A second music therapist was also present in the room to operate the video-recording camera. The third music therapist was not present in the room during the administration of the MTPCA. The male music therapist implemented the MTPCA with three subjects and the female music therapists each implemented the MTPCA with two subjects. Each subject participated in only one assessment session. Each session was video-recorded; the video-recordings were erased when the study was completed to preserve the subject's confidentiality.

The music therapists completed the MTPCA Recording Form for each child to whom they administered the MTPCA. These forms were completed based on their observations during the actual administering of the MTPCA. The music therapists also completed the MTPCA Recording Form for the other children involved in this study after viewing the video-recording of the assessment session. This means that each music therapist completed a MTPCA Recording Form for each subject participating in this study. The music therapists used a given identification number for each child's name on the MTPCA Recording Form to insure confidentiality and objectivity on the part of the researcher tabulating the results. Also, each child was identified on the video-recording only by the identification number to preserve the subject's confidentiality.



After the three therapists completed all nine of the MTPCA Recording Forms, each scaled item of the MTPCA Recording Form was analyzed and the designated statistical procedures performed to determine the interscorer reliability of the MTPCA. This process is further described in the Statistical Analysis section of this chapter.

The classroom teachers completed the Teacher's Questionnaire (Appendix D) for each child participating in this study. The questionnaire consists of the same information as on the MTPCA recording form. The teachers completed these based on their knowledge of the subject's performance in the classroom and from the results of previous educational and psychological testing. The three music therapists' MTPCA Recording Forms for each child were compiled together by the author to form a consensus MTPCA Recording Form for each child. After the questionnaires were completed, the author compared the results of the teacher's questionnaires with those of the music therapists' consensus MTPCA Recording Forms. The results were tabulated and the designated statistical procedures were performed to determine the reliability among outside sources and the panel of judges with the MTPCA. This process is further described in the Statistical Analysis section of this chapter.



Statistical Analysis

The purpose of the statistical analysis is to determine the reliability of the MTPCA. In this study, the sample size is relatively small, seven subjects. Although a larger sample would be preferable, time constraints did not allow for increasing the number of subjects in the study. The small sample size limits the type of statistical procedures. Within this limitation, the following statistical procedures were executed.

Reliability is the consistency of measurements. With the MTPCA, reliability is the consistency with which the test measures children's behaviors. Sattler (1988) states that "interscorer reliability is the most important form of reliability for behavioral observations" (p. 510). Interscorer reliability is based on consistency among judges and becomes important when tests require assigning a particular score to items. Estimates of interscorer reliability are based on scores of two or more observers who record the same information while independently observing the same child. Thus, the interscorer reliability was analyzed for each scaled MTPCA test item.

The purpose of the MTPCA is for music therapy screening. The Pearson product-moment correlation was computed for each scaled test item. According to Taylor (1984), a reliability coefficient of .60 is desirable for evaluating screening assessments. For each MTPCA item that had a reliability coefficient of at least .60, a t score



was computed to derive the significance level of the coefficient.

To compute the correlation coefficient, the scaled responses were assigned the following values: never = 1, rarely = 2, sometimes = 3, frequently = 4, always = 5. The MTPCA scaled items that were scored N/O (not observed) or N/A (not applicable) by the music therapists were given a score value of 1 in order to facilitate computing the correlation coefficient.

The Pearson product-moment correlation was computed among the scores of the three music therapists for each subject with the MTPCA items. Each item was correlated three times with three different pairings of judges, since only two therapists' responses can be compared at one time. The three correlations were averaged to provide an overall correlation score for each test item. This procedure was completed to derive the interscorer reliability of the MTPCA.

The three music therapists' MTPCA Recording Forms for each subject were compiled together for a consensus MTPCA Recording Form for each subject. The two classroom teachers completed a Teacher's Questionnaire for each subject who participated in this study from their respective classes. The Pearson product-moment correlation was computed for each scaled item with the therapist's consensus recording form and the teacher's questionnaire. For each scaled test item, two correlations were computed:



one between the music therapists' consensus MTPCA Recording Forms and the Teacher's Questionnaires for the learning disabled subjects, and the second between the music therapists' consensus MTPCA Recording Forms and the Teacher's Questionnaire for the emotionally impaired and autistically impaired subjects, thus accounting for the two teachers and the two classes. This procedure was done to analyze the external source reliability of the MTPCA.



CHAPTER IV

RESULTS

Reliability Analysis

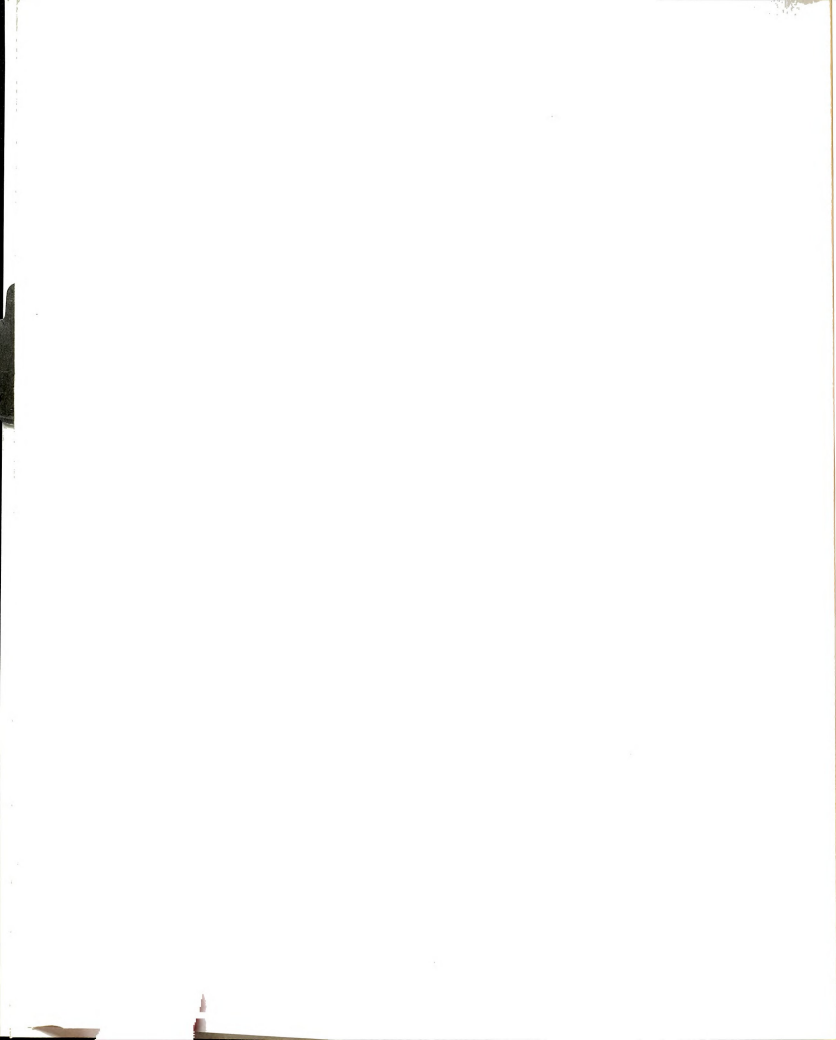
Interscorer reliability was computed between the three music therapists scores for all children with each MTPCA scaled item. There were three reliability coefficients determined for each test item, the three coefficients have been averaged together for a mean reliability coefficient for each MTPCA scaled item. External source reliability was computed a) with the consensus music therapists MTPCA Recording Forms and the Teacher's Questionnaires among the learning disabled subjects for each MTPCA scaled item, and b) with the consensus music therapists MTPCA Recording Forms and the Teacher's Questionnaires among the emotionally impaired and autistically impaired subjects. The reliability results are reported in the order the items appear on the MTPCA Recording Form. See Appendix E for the statistical figures for each scaled item.

Interscorer Reliability

I. Academic Skills

The following items resulted in a correlation coefficient of at least .60.

- A.1. Sits in assigned area $r = .61$, $P = .2$
- A.2. Does not interrupt others $r = .85$, $P = .02$
- A.3. Attends to task $r = .63$, $P = .1$



The items A.4. Follows directions and A.5. Completes task independently resulted in correlation coefficients of .54 and -.06 respectively.

The item A.6. Other was not used by the music therapists.

Section B. Basic Concepts does not contain scaled items. The music therapists responses for items B.1. Color identification, B.2. Shapes identificaion, B.3. Counting, numbers concept, B.4. Alphabet, letters concept, and B.5. Identifies body parts resulted in total agreement. The item B.6. Other was not used by the music therapists.

II. Communication Skills

Section A. Pre-Verbal Expression does not contain scaled items. Among the music therapists, there was total agreement that this section was not applicable for five of the subjects. For two subjects, the following observations were made for item A.1. Makes vocal sounds: makes low glottotal vocalizations and uses a monotone "ah" sound.

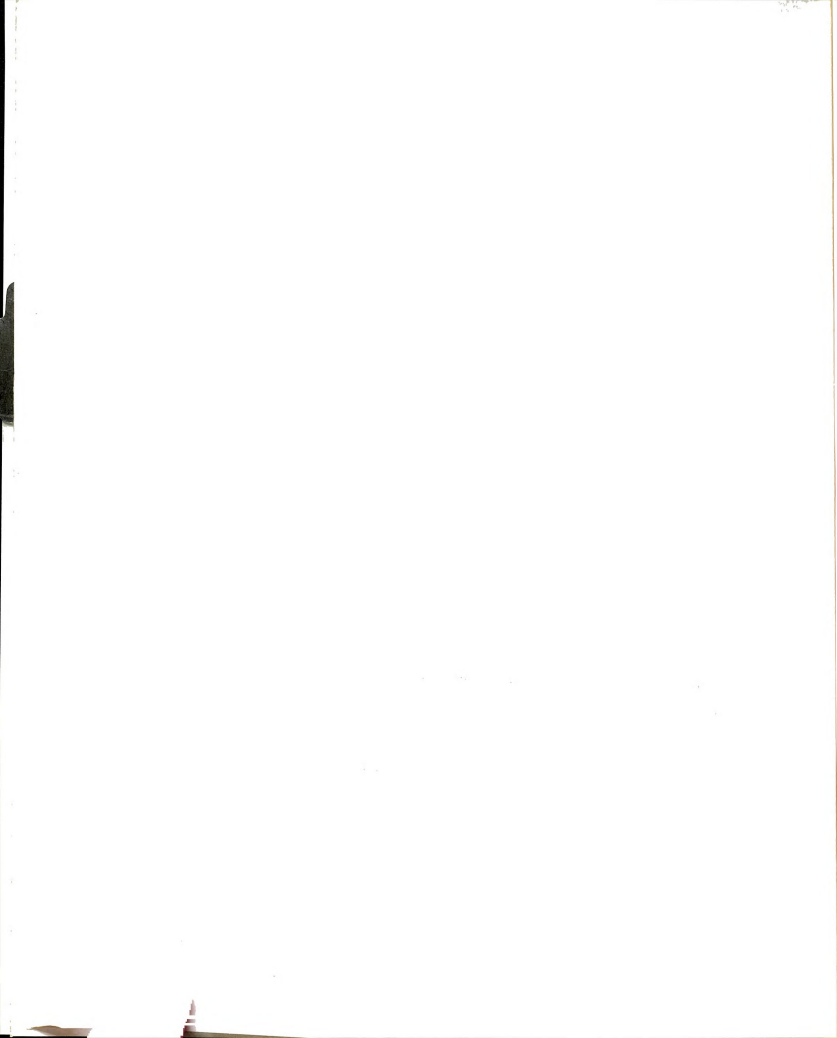
The following scaled items resulted in correlation coefficients of at least .60.

C.1. Expresses simple ideas (verbally) $r = .63$,

$P = .1$

C.3. Expresses wants/needs (verbally)

$r(01 \text{ \& } 03) = .66$, $P = .1$ The correlations between



observers 1 and 2 and observers 2 and 3 are considered to be 0 since observer 2 used the same rating for each subject.

D.2. Uses verbs/action words $r = .83$, $P = .02$

D.4. Speaks in sentences (simple sentences) $r = .69$,
 $P = .1$

A correlation coefficient below .60 occurred among the following items.

B.1. Attends to message/instructions $r(02 \text{ \& } 03) = .39$
The correlations between observers 1 and 2 and observers 1 and 3 are considered to be 0 since observer 1 used the same score for each subject.

B.2. Makes eye contact during conversation $r = .07$

B.3. Responds to message/instructions (verbally)
 $r = -.23$

B.3. Responds to message/instructions (physically)
 $r(02 \text{ \& } 03) = .26$ The correlations between
observers 1 and 2 and observers 2 and 3 are considered to
be 0 since observer 1 used the same score for each subject.

C.1. Expresses simple ideas (nonverbally) $r = .20$

C.2. Expresses feelings (verbally) $r = .21$

C.2. Expresses feelings (nonverbally) $r = .10$

C.3. Expresses wants/needs (nonverbally) $r = -.06$

C.4. Expresses with feeling (verbally) $r = .22$

C.4. Expresses with feeling (nonverbally) $r = .30$

D.1. Verbalizes names of objects $r = .50$



D.3. Speaks in 1-2 word phrases $r = -.17$

D.4. Speaks in sentences (complex sentences) $r = .53$

Items B.4. Other and D.5. Other were not used by the music therapists. For item C.5. Other, Loose thinking was added by a music therapist for one of the subjects.

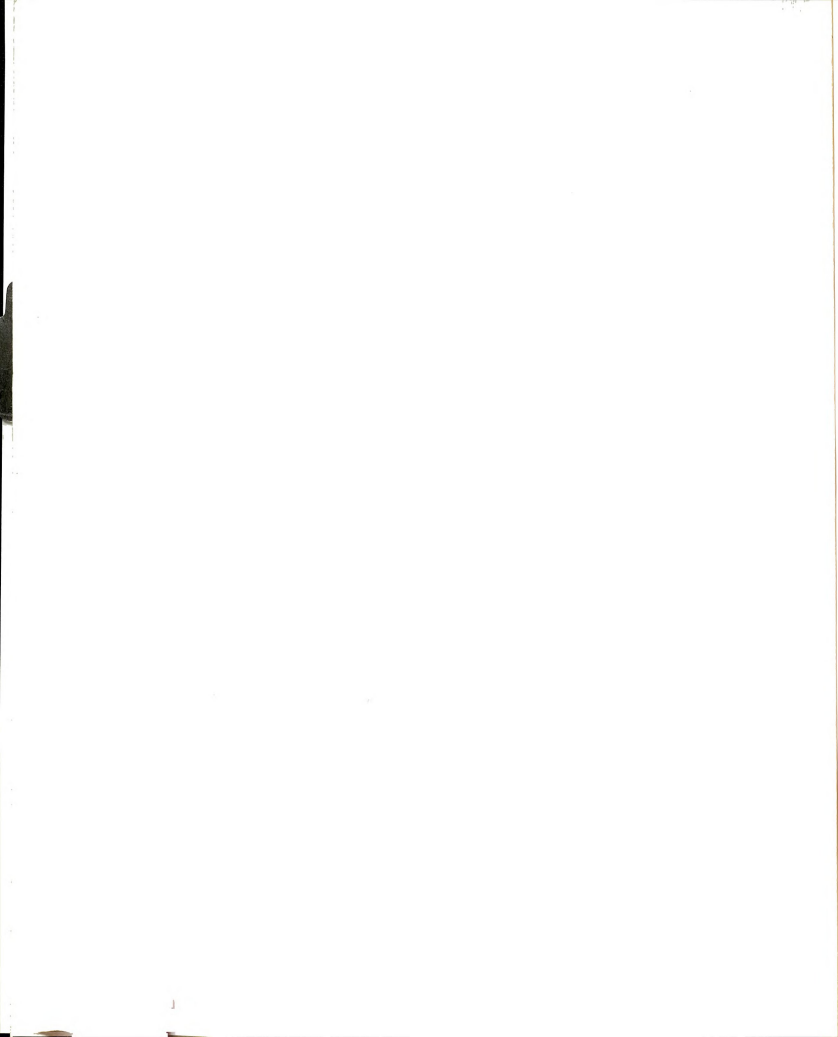
Section E. Articulation was used for all of the subjects. The music therapists recorded the areas of deficiency with the subjects for E.1. Vowels, E.2. Consonants, and E.3. Letter combinations. The following observations were recorded for E.4. Other: often deletes end syllables, often slurs beginning syllables, general poor enunciation, speaks with a soft volume, speaks with a nasal tone, speaks with restricted use of lip and tongue movements, speaks with little flexibility with intonation, and poor speech possibly due to missing front teeth.

III. Motor Skills

The item A.1. Beats a steady beat (with an instrument) resulted in a correlation coefficient of at least .60 ($r = .68$, $P = .1$).

The following items resulted in a correlation coefficient below .60.

A.1. Beats a steady beat (other: i.e., clapping, patting) $r = .28$



A.2. Claps hands (consistent with good sound production) $r = .11$

A.3. Completes motor sequences $r = .17$

A.4. Ambulates smoothly $r = .27$

B.1. Grasps with right hand $r(02 \text{ \& } 03) = 0$

The correlation coefficients among observers 1 and 2 and observer 1 and 3 are considered to be 0 since observer 1 used the same rating for each subject.

B.1. Grasps with left hand $r = .07$

B.2. Uses 2 hands independently $r = .25$

B.3. Eye-hand coordination; well demonstrated $r = .39$

B.4. Uses independent finger movement $r = .08$

Item A.5. Other received the following comments by the music therapists: inhibited in large body movement and rocking while standing. The task "Beats correct rhythm patterns" was added to item B.5. Other by one music therapist.

IV. Affective Characteristics

The following items resulted in a correlation coefficient of at least .60.

A.1. Makes positive comments about self $r = .66$,
 $P = .1$

A.3. Perseveres at difficult tasks $r = .71$, $P = .1$

B.4. Identifies situations/examples of different emotions $r = .78$, $P = .05$

The following items resulted in a correlation coefficient of below .60.

- A.2. Displays pride in work (verbally) $r = .48$
- A.2. Displays pride in work (nonverbally) $r = .06$
- A.5. Maintains eye contact $r = .23$
- A.6. Exhibits healthy grooming habits/appearance
 $r = .43$
- B.1. Actively responds with physical &/or facial affect
 $r = .59$
- B.2. Expresses appropriate emotions (verbally)
 $r = -.70$
- B.2. Expresses appropriate emotions (nonverbally)
 $r = .31$
- B.3. Identifies emotions $r = -.04$

The responses for Item A.4. Gives personal identification, a non-scaled item, resulted in total agreement among the music therapists. Item A.7. Other was not used by the music therapists. The comment "Facial expressions stiff and forced" was added in item B.5. Other for one subject.

V. Social Skills

The following items resulted in a correlation coefficient of at least .60.

- B.1. Responds when name is called $r(02 \text{ \& } 3) = .62$,
 $P = .2$ The correlations among observers 1 and 2

and observers 1 and 3 are considered to be 0 since observer 1 used the same rating for each subject.

B.2. Responds to defined limits $r = .74$, $P = .05$

B.3. Accepts help from others $r = .77$, $P = .05$

B.6. Participates appropriately $r = .61$, $P = .2$

The following items resulted in correlation coefficients below .60.

A.1. Communicates in appropriate manner (verbally)

$r = .30$

A.1. Communicates in appropriate manner (nonverbally)

$r = -.15$

A.2. Initiates interaction $r = .23$

A.3. Takes turns and shares $r(02 \text{ \& } 03) = .37$

The correlations among observers 1 and 2 and observers 1 and 3 are considered to be 0 since observer 1 used the same rating for each subject.

A.4. Interacts appropriately (verbally) $r = .46$

A.4. Interacts appropriately (nonverbally) $r = .20$

B.4. Offers help to others $r = .38$

B.5. Asks for help when needed $r = .26$

Item A.5. Other was not used by the music therapists. For the item B.7. Other, one music therapist made the comment that the subject asked whether the task was done or what he/she was doing during the task.



VI. Auditory Perception Skills

A. Identifies Changes/Differences

The tasks for section A are not scaled items. The music therapists responses for A.1. Timbre, A.2. Dynamics, A.3. Pitch, A.4. Rhythm, and A.5. Tempo resulted in total agreement.

B. Imitation

The tasks for section B are not scaled items. The responses for items B.3. Simple rhythms, B.4. Dynamic levels, and B.5. Different Tempos resulted in total agreement. The responses for items B.1. Single pitches and B.2. Simple phrases (melodies) resulted in agreement among the therapists for four subjects. For three subjects, there were discrepancies among the therapists responses for the items B.1. and B.2.

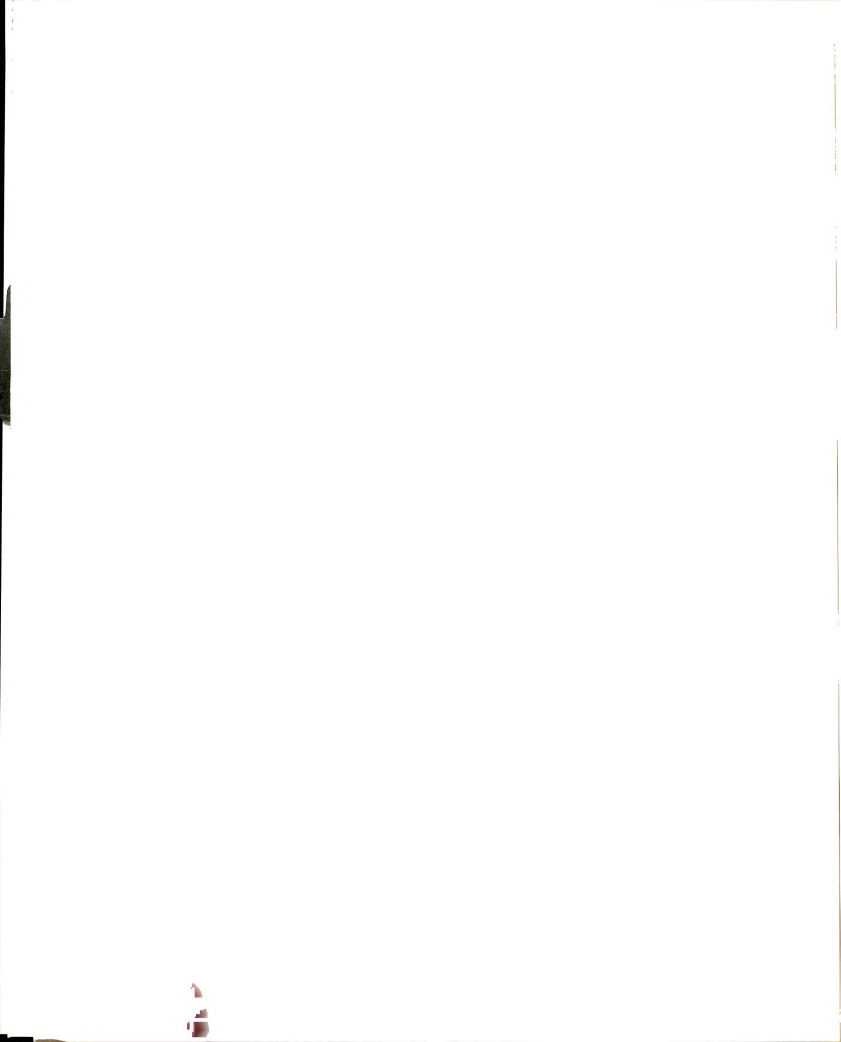
Item B.6. Other was not used by the music therapists.

VII. Musical Preferences

The items for this section are not scaled items. The responses for A. Instruments resulted in total agreement among the music therapists. The item B. Styles was not used with any of the subjects by the music therapists.

VIII. Activities/Instruments used in the assessment

The music therapists listed the music activities performed in the MTPCA assessment session and which instruments were used by the therapist and the subject.



IX. Assessment Summary

The therapists wrote a summary of their observations and their interpretation of the subjects behavior during the assessment session in this section of the MTPCA Recording Form.

X. Recommendations

The music therapists wrote their recommendations for music therapy treatment and outlined goal areas for each subject in this section of the MTPCA Recording Forms.

External Source Reliability Between Scorers and Teacher Evaluations for Learning Disabled Subjects

I. Academic Skills

The external source reliability resulted in correlation coefficients below .60.

A.4. Follows directions $r = -.50$

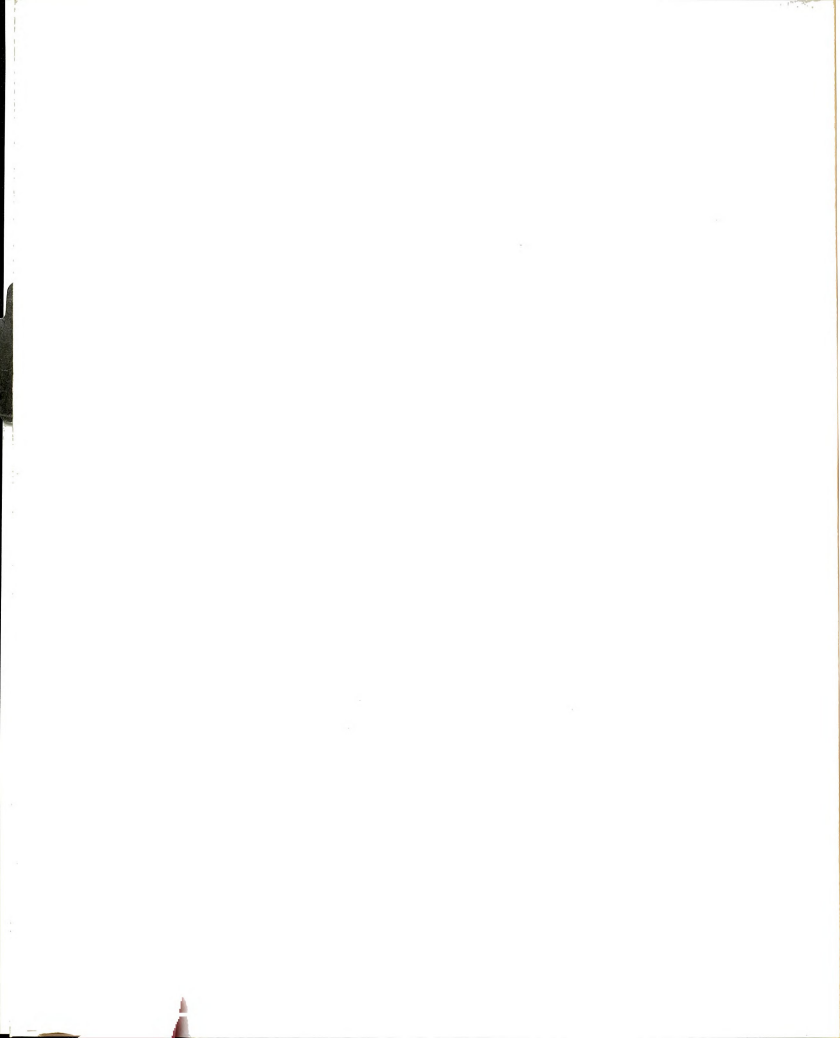
A.5. Completes task independently $r = .50$

The coefficients for the items A.1 Sits in assigned area, A.2. Does not interrupt others, and A.3. Attends to task are considered to be 0 since one of the music therapists derived the same score for each subject.

The item A.6. Other was not used by the teacher.

B. Basic Concepts

The items in this section do not require scaled responses. The responses for item B.1. Color



identification resulted in total agreement among the therapists and the teacher.

The responses for item B.2. resulted in total agreement for all shapes except "octagon". The teacher indicated that all subjects could not identify this shape; however, the therapists indicated all subjects correctly identify the shape as a "stop sign".

The responses for item B.3. Counting, numbers concept resulted in agreement for one subject. For two subjects, the music therapists indicated a lower range of counting than the teacher.

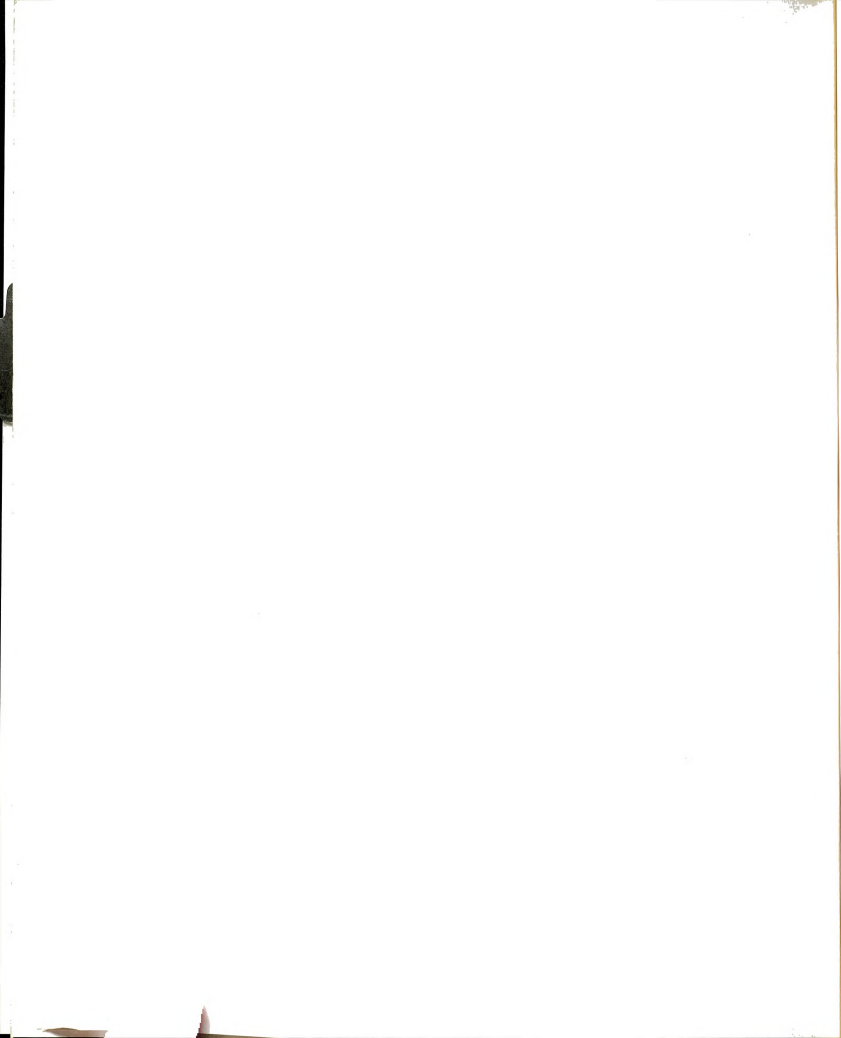
The responses for item B.4. Alphabet, letters concept resulted in agreement for the task "Identifies individual letters". The task "Says alphabet" was not observed among the learning disabled subjects by the music therapists.

The responses for item B.5. Other resulted in total agreement for all subjects.

The item B.6. Other was not used by the teacher.

II. Communication Skills

The items for section A. Pre-Verbal Communication are not scaled items. The responses for items A.1. Makes vocal sounds, A.2. Imitates syllables, and A.3. Vocalizes sequence of sounds resulted in total agreement. The item A.4. Other was not used by the teacher.



The following items resulted in a correlation coefficient of at least .60.

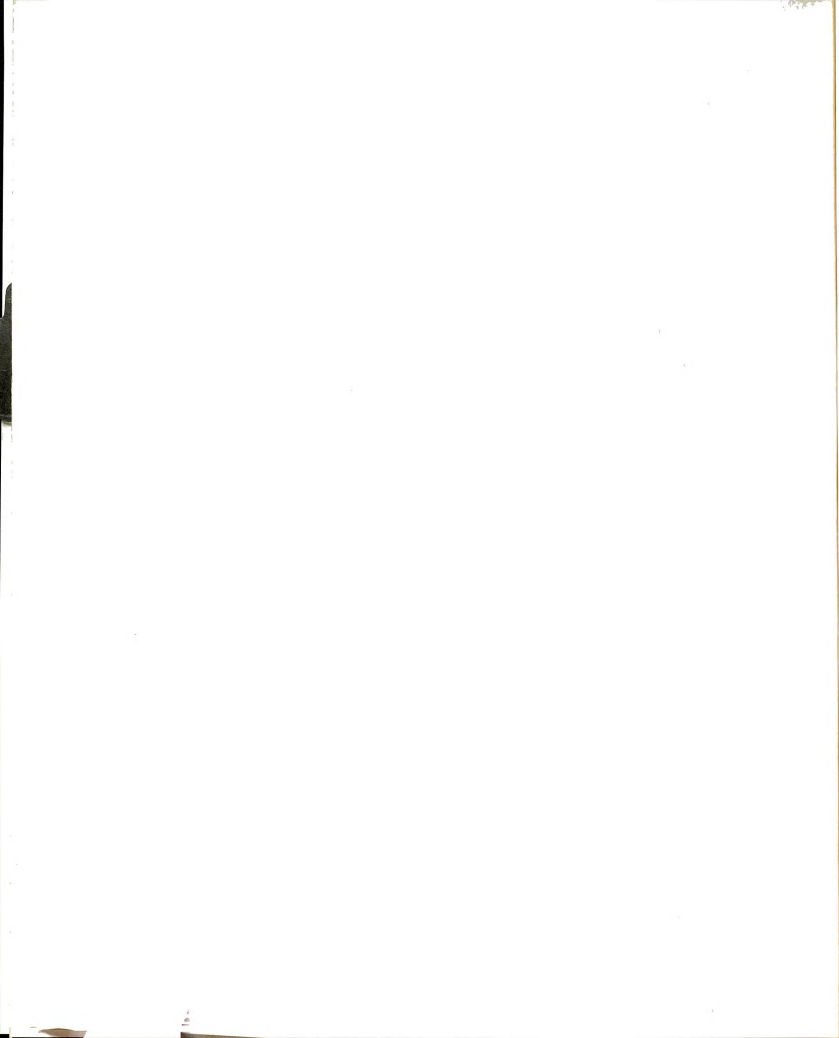
- B.2. Makes eye contact during conversation $r = 1.00$
- C.2. Expresses feelings (verbally) $r = 1.00$
- C.4. Expresses with feeling (verbally) $r = .76$,
 $P = .05$
- D.1. Verbalizes names of objects $r = 1.00$
- D.2. Uses verbs/action words $r = .76$, $P = .05$
- D.3. Speaks in 1-2 word phrases $r = .87$, $P = .01$
- D.4. Speaks in sentences (simple sentences) $r = .99$,
 $P = .01$

The following items resulted in correlation coefficients below .60.

- C.1. Expresses simple ideas $r = 0$
- C.2. Expresses feelings (nonverbally) $r = .50$
- C.4. Expresses with feeling (nonverbally) $r = .50$
- D.4. Speaks in sentences (complex sentences) $r = .33$

The correlations for the following items is considered to be 0 since the music therapists used the same rating for each learning disabled subject.

- B.1. Attends to message/instructions
- B.3. Responds to message/instructions (verbally)
- B.3. Responds to message/instructions (physically)
- C.1. Expresses simple ideas (nonverbally)
- C.3. Expresses wants/needs (verbally)



C.3. Expresses wants/needs (nonverbally)

The items B.4. Other, C.5. Other, and D.5. Other were not used by the teacher for the learning disabled subjects.

The items for section E. Articulation are not scaled items. The teacher noted that two subjects had deficits in many areas of articulation and did not indicate specific deficits. For these two subjects, the therapists had specified several articulation deficits. For the third subject, the teacher commented there were no areas of deficit; however, the therapists noted some areas of deficit.

III. Motor Skills

The following items resulted in correlation coefficients below .60.

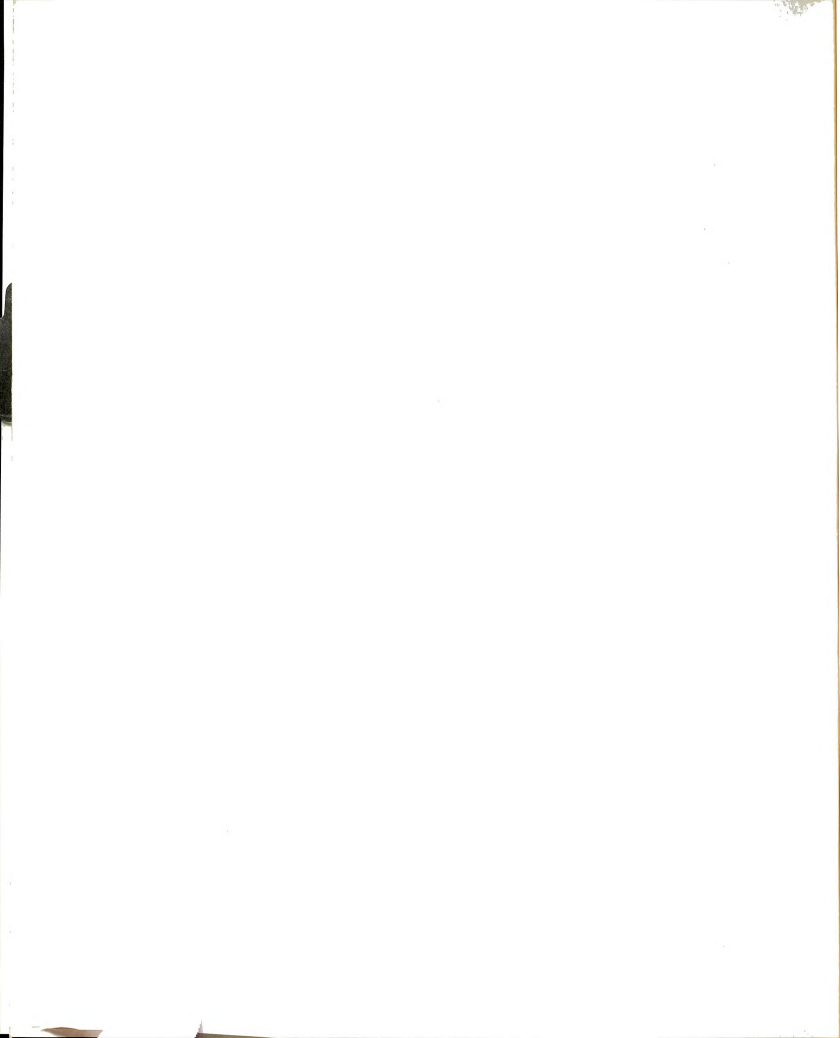
B.1. Grasps with left hand $r = .50$

B.2. Uses 2 hands independently $r = -.49$

B.3. Eye-hand coordination; well demonstrated $r = -.49$

B.4. Uses independent finger movement $r = -.99$

The item A.1. Beats a steady beat (with an instrument) is considered to have a 0 correlation because both the music therapists and the teacher used the same rating for each subject. The items A.1 Beats a steady beat (other: i.e. clapping, patting), A.2. Claps hands, and A.3. Completes motor sequences are considered to have a 0



correlation since the teacher used the same rating for each subject. The items A.4. Ambulates smoothly and B.1. Grasps with right hand are considered to have a correlation of 0 since the music therapists used the same rating for each child.

The items A.5. Other and B.5. Other were not used by the teacher.

IV. Affective Characteristics

The following items resulted in a correlation coefficient of at least .60.

A.5. Maintains eye contact $r = 1.00$

B.2. Expresses appropriate emotions (nonverbally)

$r = .87, P = .05$

B.4. Identifies situations/examples of different

emotions $r = 1.00$

The following items resulted in correlation coefficients below .60.

A.1. Makes positive comments about self $r = -.99$

A.2. Displays pride in work (verbally) $r = 0$

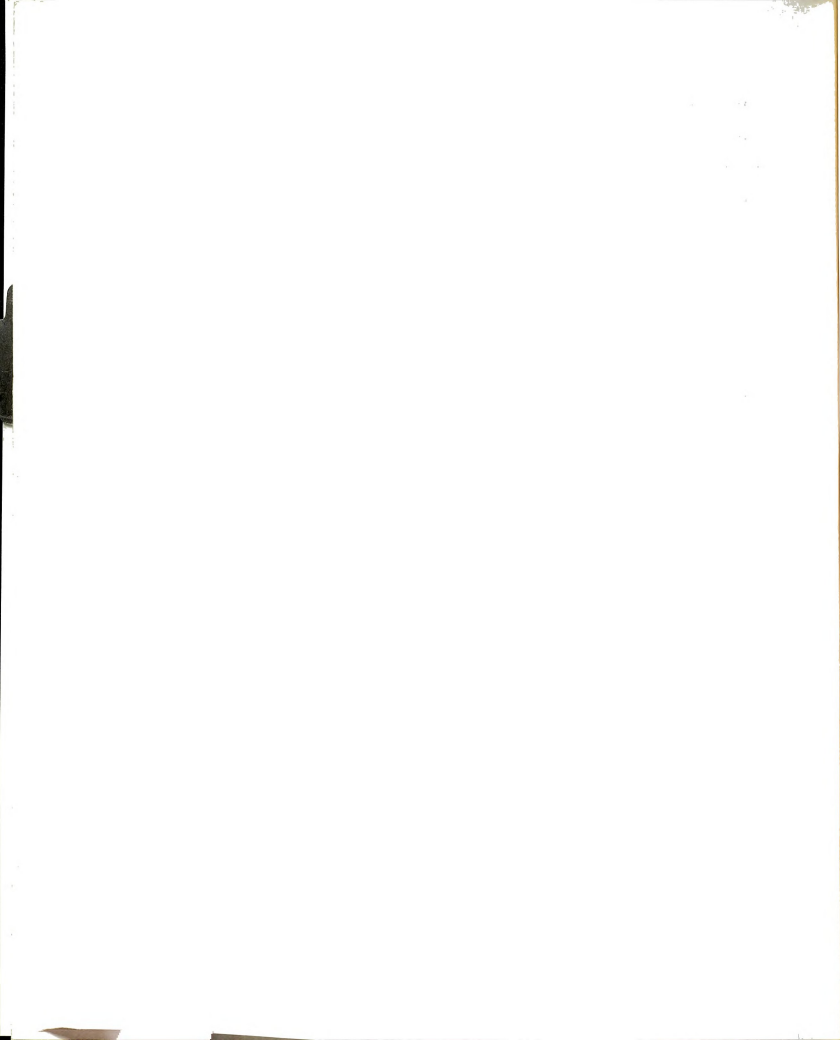
A.6. Exhibits healthy grooming habits/appearance

$r = -.87$

B.1. Actively responds with physical &/or facial affect

$r = .50$

The correlation coefficient for items A.2. Displays pride in work (nonverbally) and A.3. Perseveres at



difficult tasks is considered to be 0 since the music therapists used the same rating for each subject. The correlation coefficient for items B.2. Expresses appropriate emotions (verbally) and B.3. Identifies emotions is considered to be 0 since the teacher used the same rating for each subject.

The items A.7. Other and B.5. Other were not used by the teacher. The item A.4. Gives personal identification, a non-scaled item, resulted in agreement among the music therapists and the teacher for two of the three subjects. For one subject, the music therapists indicated the subject could say his/her first and last name, while the teacher indicated that the subject could say only his/her first name.

V. Social Skills

The following items resulted in a correlation coefficient of at least .60.

A.1. Communicates in appropriate manner (nonverbally)

$r = 1.00$

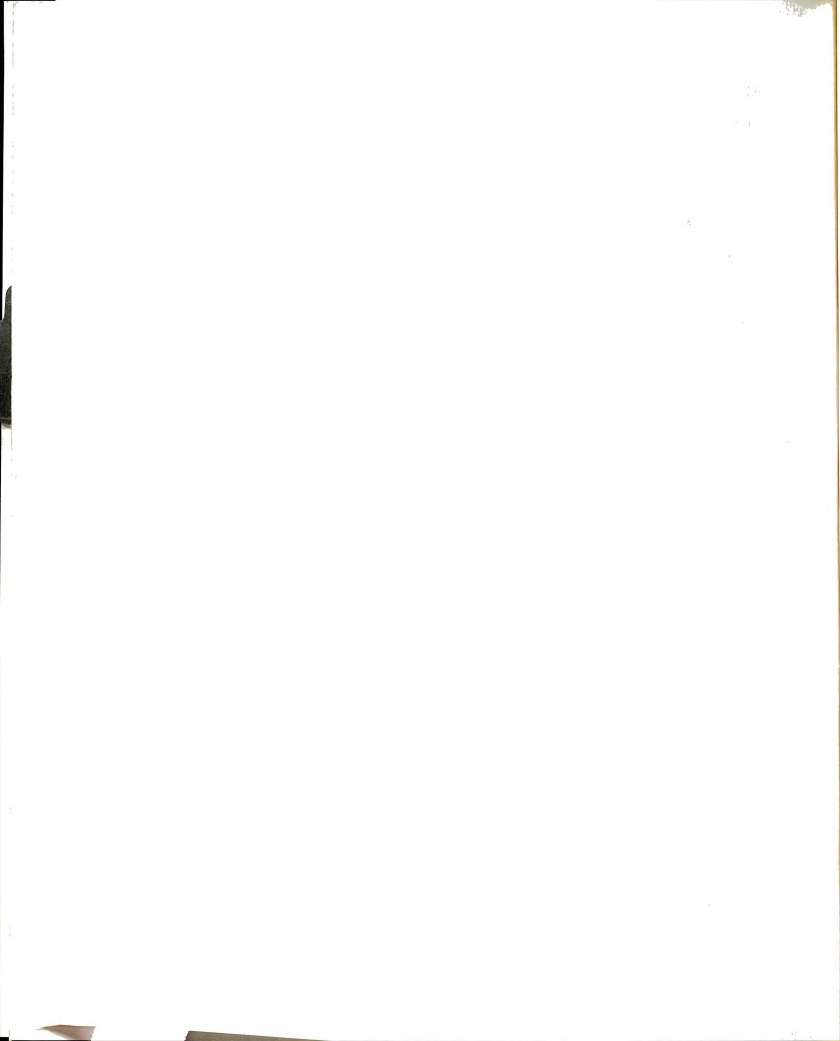
A.2. Initiates interaction $r = .87$, $P = .02$

B.3. Accepts help from others $r = 1.00$

The following items resulted in correlation coefficients below .60.

A.3. Takes turns and shares $r = -.50$

A.4. Interacts appropriately (nonverbally) $r = -.99$



B.2. Responds to defined limits $r = -.99$

B.4. Offers help to others $r = 0$

B.5. Asks for help when needed $r = .50$

B.6. Participates appropriately $r = -.49$

The correlation coefficient for item A.1. Communicates in appropriate manner (verbally) is considered to be 0 since the teacher used the same rating for each subject. The correlation coefficients for items A.4. Interacts appropriately (verbally) and B.1. Responds when name is called are considered to be 0 since the music therapists used the same rating for each subject.

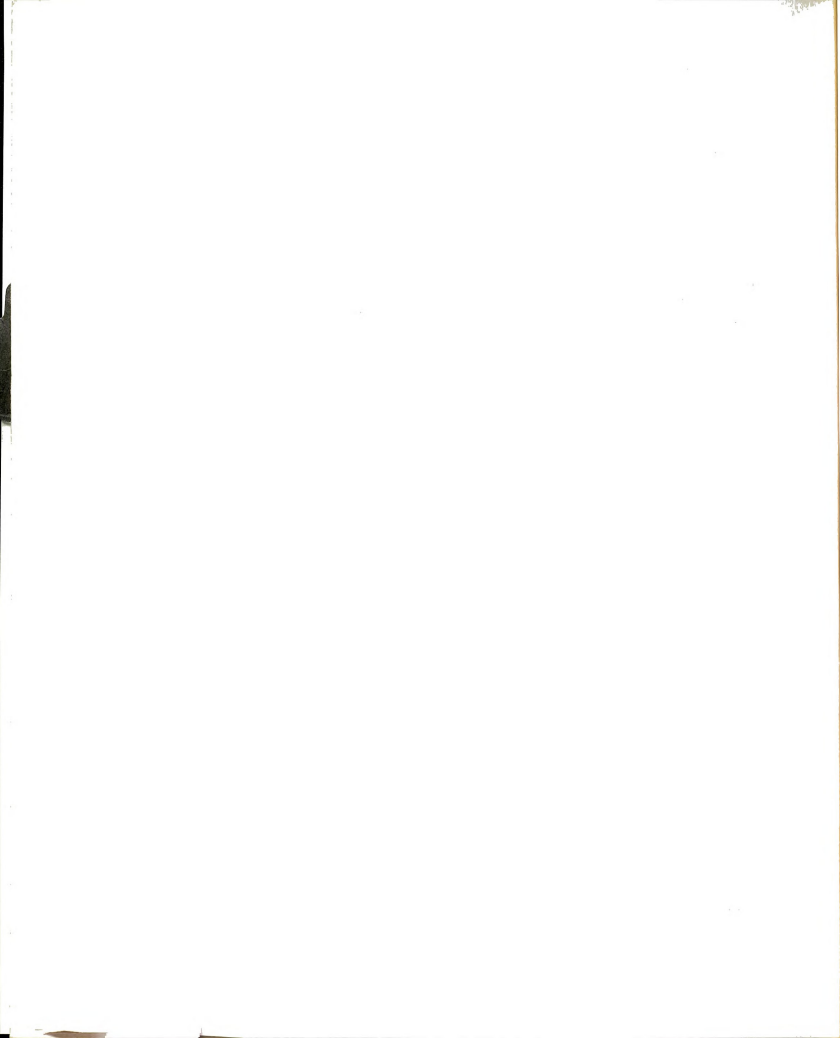
The items A.5. Other and B.7. Other were not used by the teacher.

VI. Auditory Perception Skills

The items for this section are not scaled items. The teacher indicated whether each subject exhibited the ability to auditorally discriminate sounds and whether each subject could reproduce specific sounds.

The comparison among the teachers and the therapists responses for part A. Identifies Changes/Differences in items: A.1. Timbre, A.2. Dynamics, A.3. Pitch, A.4. Rhythm, and A.5. Tempo resulted in agreement for each subject.

The comparison among the teachers and the therapists responses for part B. Imitation items B.3. Simple rhythms, B.4. Dynamic levels, and B.5. Different tempos resulted in



agreement for each subject. The teacher and therapists responses did not result in agreement for items B.1. Single pitches and B.2. Simple rhythms. Item B.6. Other was not used by the teacher.

External Source Reliability Between Scorers and Teacher
Evaluations for Emotionally Impaired and Autistically
Impaired Subjects

I. Academic Skills

The external source reliability resulted in correlation coefficients below .60.

A.1. Sits in assigned area $r = -.19$

A.2. Does not interrupt others $r = .19$

A.3. Attends to task $r = -.26$

A.4. Follows directions $r = 0$

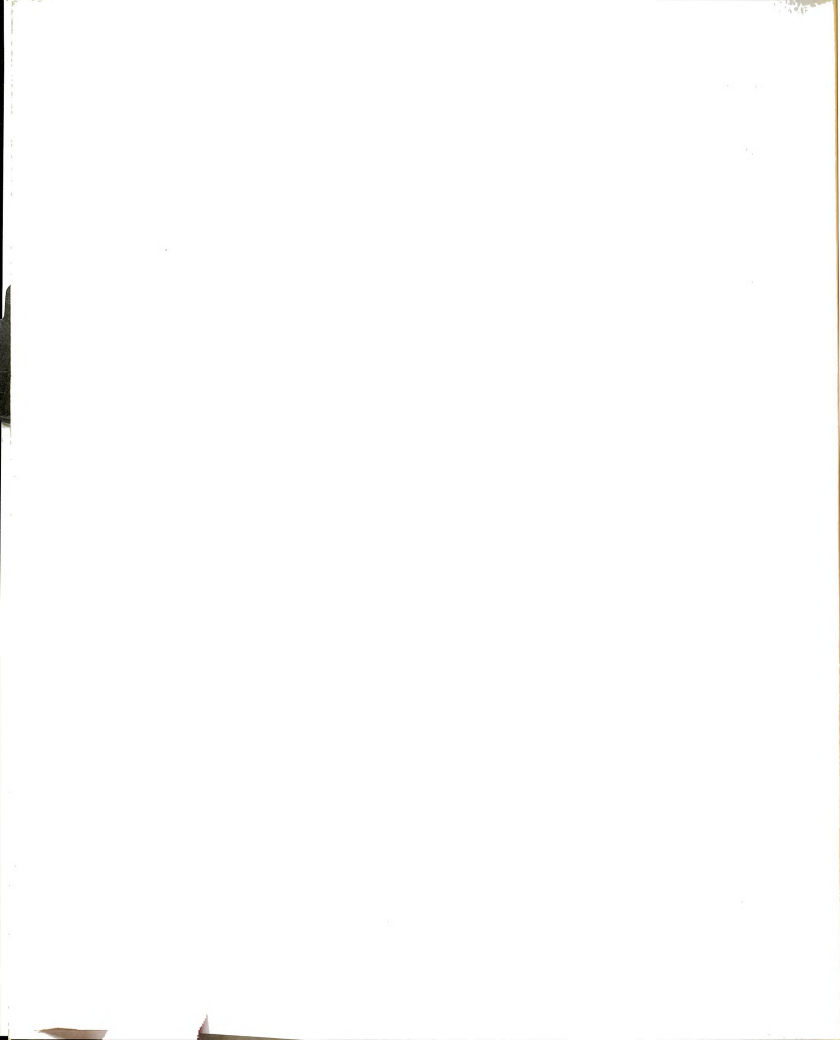
A.5. Completes task independently $r = -.13$

Item A.6. Other was not used by the teacher.

The items in section B. Basic Concepts are not scaled items. The responses for item B.1. Color identification resulted in total agreement for all subjects.

The responses for item B.2. Shapes identification resulted in agreement for all shapes except triangle, diamond, and hexagon.

The responses for item B.3. Counting, numbers concept resulted with the therapists indicating a lower counting range for each subject than the teacher.



The responses for item B.4. Alphabet, letters concept and B.5. identifies body parts resulted in agreement for all subjects.

The item B.6. was not used by the teacher.

II. Communication Skills

The items for part A. Pre-Verbal Expression were not used by the teacher.

The following items resulted in correlation coefficients of at least .60.

B.3. Responds to message/instructions (verbally)

$r = .87, P = .01$

C.2. Expresses feelings (nonverbally) $r = .90, P = .01$

D.4. Speaks in sentences (simple sentences) $r = 1.00$

D.4. Speaks in sentences (complex sentences) $r = .78,$
 $P = .05$

The following items resulted in correlation coefficients below .60.

B.1. Attends to message/instructions $r = 0$

B.2. Makes eye-contact during conversation $r = -.17$

C.1. Expresses simple ideas (verbally) $r = .13$

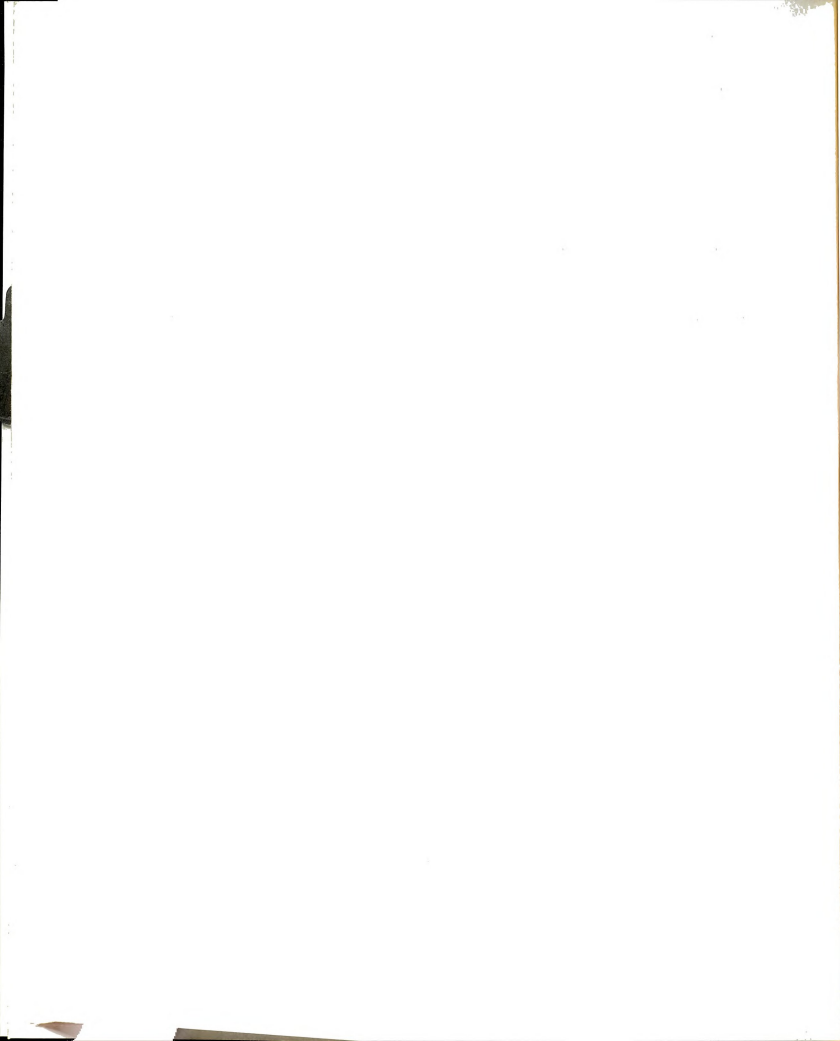
C.1. Expresses simple ideas (nonverbally) $r = 0$

C.2. Expresses feelings (verbally) $r = -.33$

C.3. Expresses wants/needs (nonverbally) $r = 0$

C.4. Expresses with feeling (verbally) $r = .52$

C.4. Expresses with feeling (nonverbally) $r = .47$



The items B.3. Responds to message/instructions (physically) and C.3. Expresses wants/needs (verbally) are considered to have a 0 correlation since the music therapists used the same rating for each subject. The items D.1. Verbalizes names of objects, D.2. Uses verbs/action words, and D.3. Speaks in 1-2 word phrases are considered to have a 0 correlation since the teacher used the same rating for each subject.

The items B.4. Other, C.5. Other, and D.5. Other were not used by the teacher.

The items for part E. Articulation, a non-scaled section of the MTPCA, resulted in agreement for all the subjects.

III. Motor Skills

The following items resulted in correlation coefficients of at least .60.

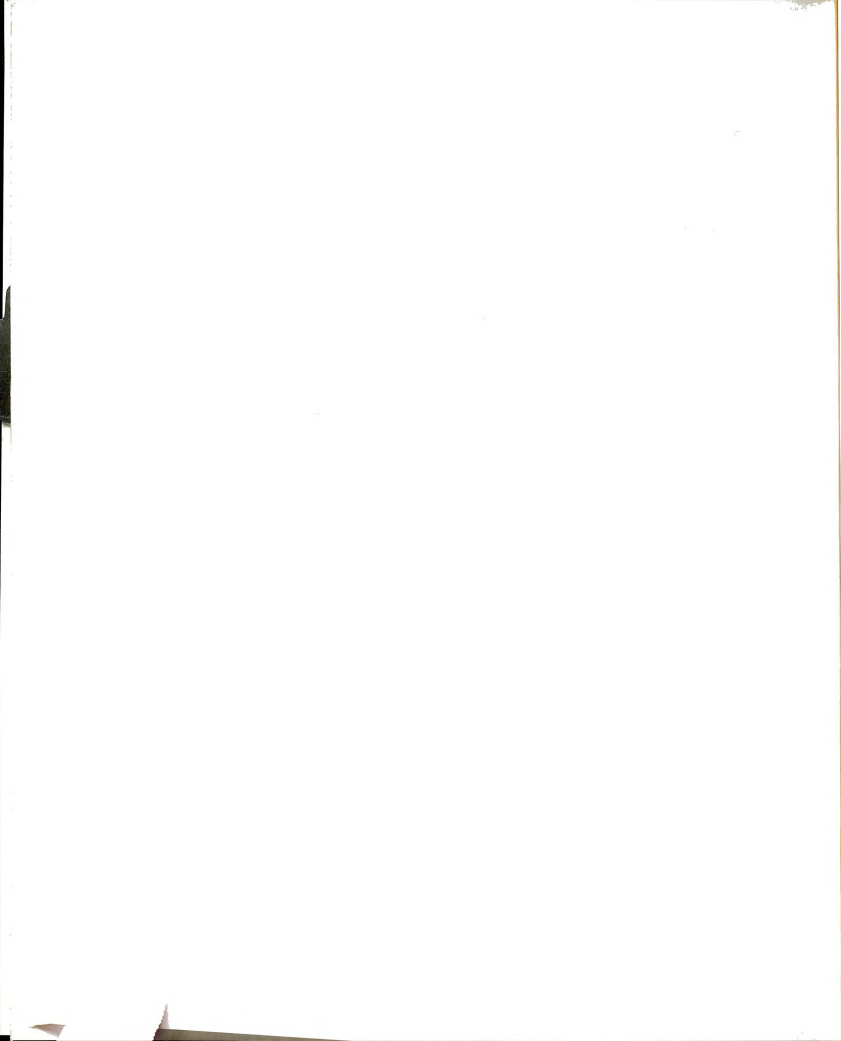
A.1. Beats a steady beat (with an instrument) $r = .66$,
 $P = .05$

A.3. Completes motor sequences $r = .82$, $P = .05$

The following items resulted in correlation coefficients below .60.

A.1. Beats a steady beat (other: clapping, patting)
 $r = .58$

A.2. Claps hands (consistent with good sound
 production) $r = .58$



- A.4. Ambulates smoothly $r = 0$
- B.1. Grasps with left hand $r = -.17$
- B.2. Uses two hands independently $r = -.33$
- B.3. Eye-hand coordination $r = .58$

The correlation for items B.1. Grasps with right hand and B.4. Uses independent finger movement is considered to be 0 since the music therapists used the same rating for each subject. The items A.5. Other and B.5. Other were not used by the teacher.

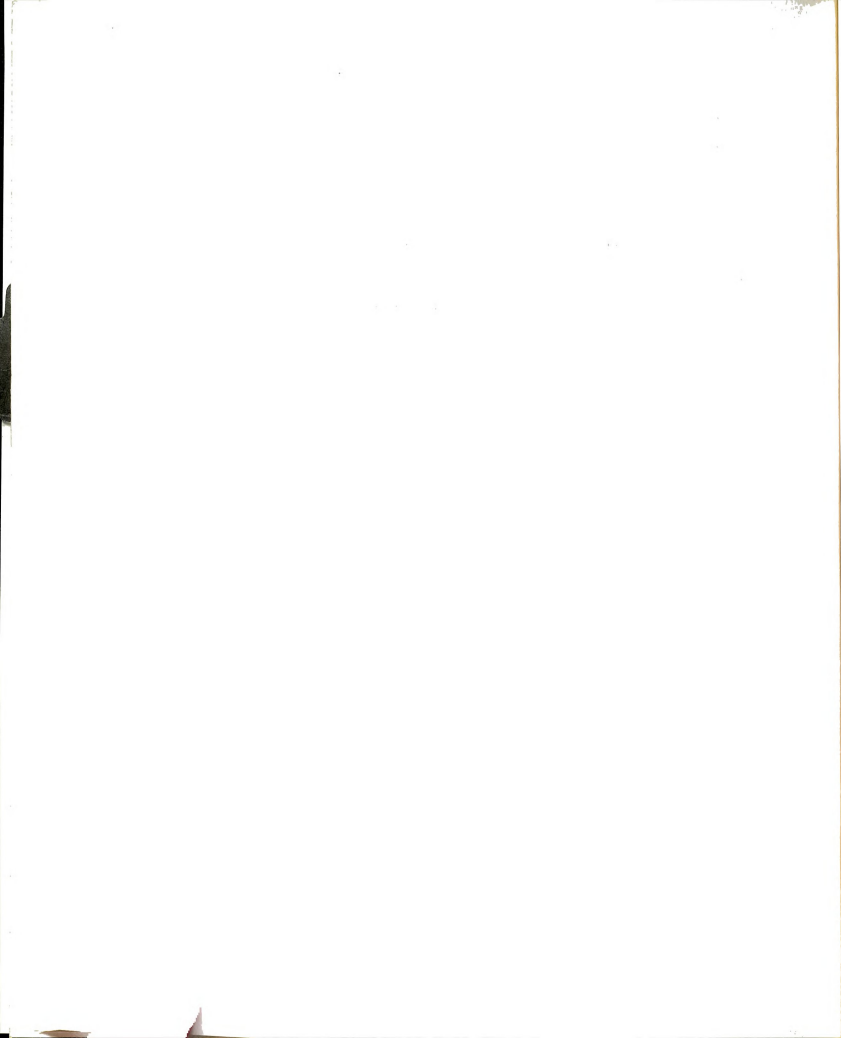
IV. Affective Characteristics

The following items resulted in a correlation coefficient of at least .60.

- A.1. Makes positive comments about self $r = .82$,
 $P = .02$
- A.3. Perseveres at difficult tasks $r = .78$, $P = .02$
- A.5. Maintains eye contact $r = .65$, $P = .1$
- B.1. Actively responds with physical &/or facial affect
 $r = .95$, $P = .01$
- B.2. Expresses appropriate emotions (verbally) $r = .96$,
 $P = .01$

The following items resulted in a correlation coefficient of below .60.

- A.2. Displays pride in work (verbally) $r = -.76$
- A.6. Exhibits healthy grooming habits/appearance
 $r = -.58$



B.2. Expresses appropriate emotions (nonverbally)

$r = .30$

B.3. Identifies emotions $r = .43$

B.4. Identifies situations/examples of different
emotions $r = 0$

The correlation for item A.2. Displays pride in work (nonverbally) is considered to be 0 since the teacher used the same rating for each subject. The items A.7. Other and B.5. Other were not used by the teacher.

The responses for item A.4. Gives personal identification, a non-scaled item resulted in total agreement.

V. Social Skills

The following items resulted in correlation coefficients of at least .60.

A.4. Interacts appropriately (verbally) $r = .85$,

$P = .05$

B.5. Asks for help when needed $r = .65$, $P = .1$

B.6. Participates appropriately $r = .95$, $P = .01$

The following items resulted in correlation coefficients below .60.

A.1. Communicates in appropriate manner (verbally)

$r = .58$

A.4. Interacts appropriately (nonverbally) $r = -.33$

B.2. Responds to defined limits $r = .30$

B.3. Accepts help from others $r = 0$

B.4. Offers help to others $r = -.36$

The correlations for items A.1. Communicates in appropriate manner (nonverbally), A.2. Initiates interaction, and B.1. Responds when name is called are considered to be 0 since the teacher used the same rating for each subject. The correlation for item A.3. Takes turns and shares is considered to be 0 since the music therapists used the same rating for each subject.

The items A.5. Other and B.7. Other were not used by the teacher.

VI. Auditory Perception Skills

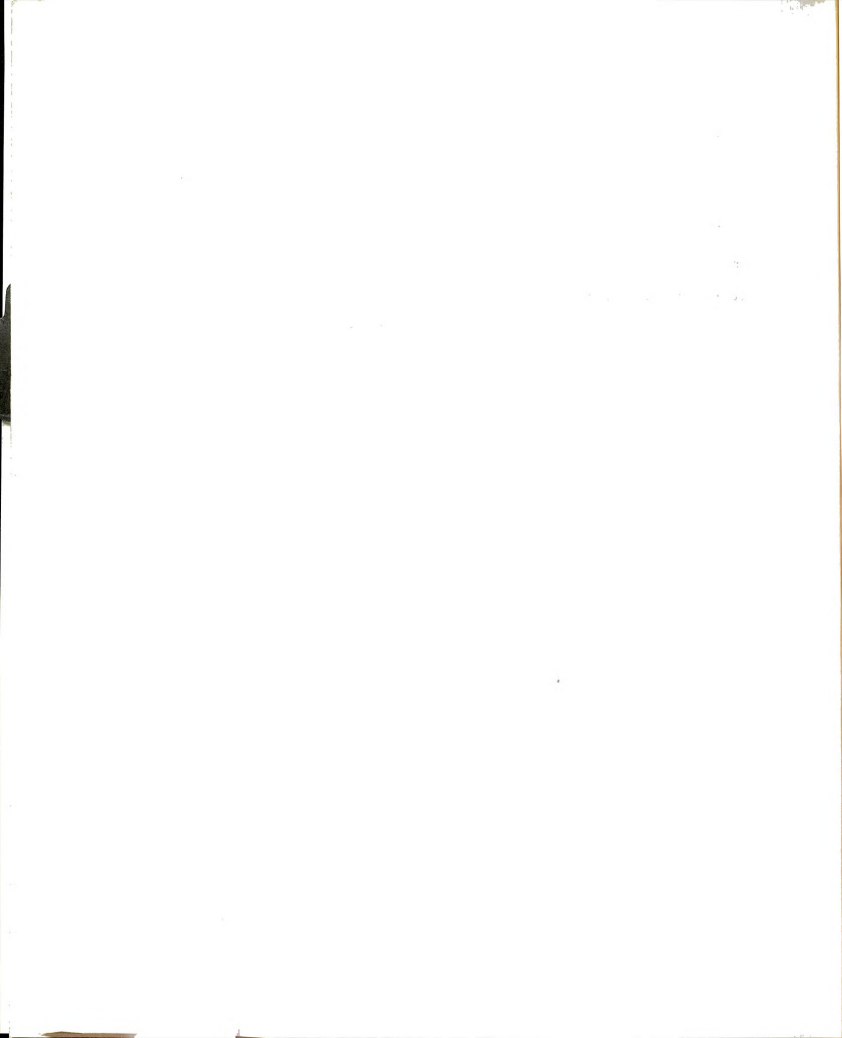
The items for this section are not scaled items.

A. Identifies Changes/Differences

The responses for items A.1. Timbre, A.2. Dynamics resulted in agreement for two subjects and disagreement for two subjects.

The responses for items A.3. Pitch and A.4. Rhythm resulted in agreement for three subjects and disagreement for one subject.

The responses for A.5. Tempo resulted in agreement for all subjects.



B. Imitation

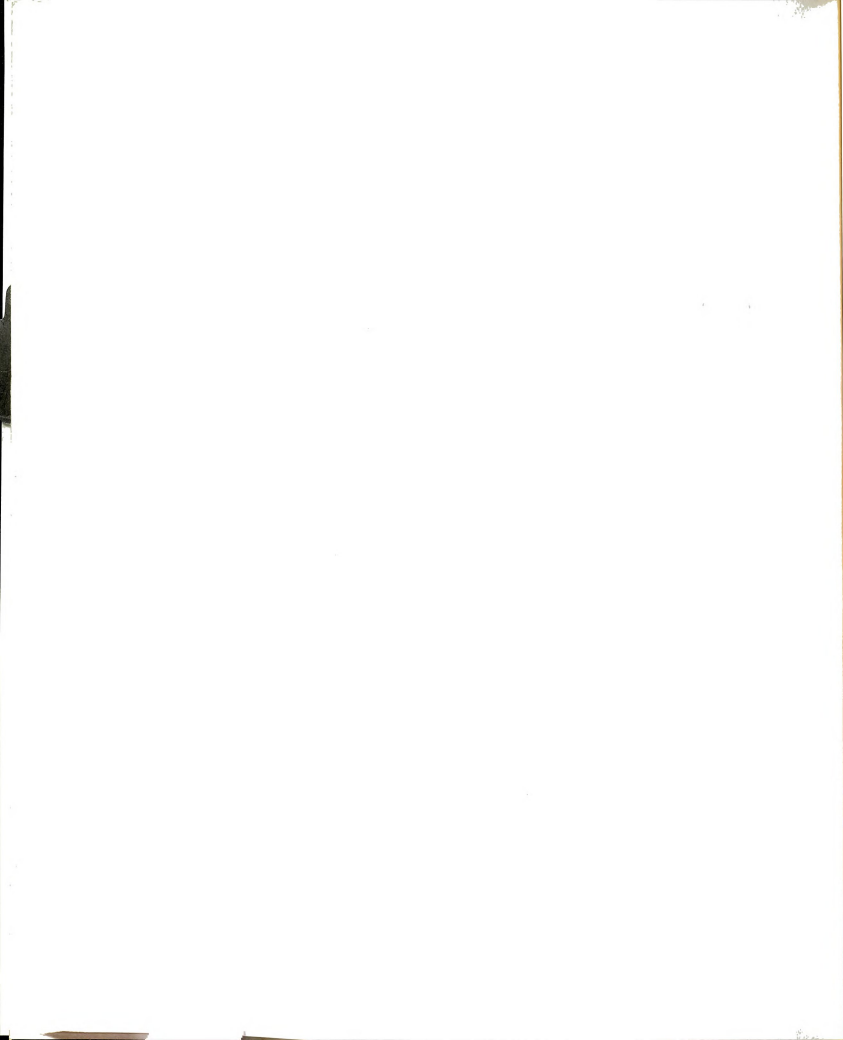
The responses for item B.1. Single pitches resulted in agreement for one subject and disagreement for three subjects.

The responses for item B.2. Simple phrases (melodies) resulted in agreement for three subjects and disagreement for one subject.

The responses for items B.3. Simple rhythms and B.4. Dynamic levels resulted in agreement for all subjects.

The responses for item B.5. Different tempos resulted in agreement for two subjects and disagreement for two subjects.

The item B.6. Other was not used by the teacher.



CHAPTER V
SUMMARY AND RECOMMENDATIONS

Summary of Results

The purpose of this study was to devise a music therapy assessment tool to be used with emotionally impaired, learning disabled, and autistically impaired children. The Music Therapy Profile of Children's Abilities (MTPCA) was developed for this study. The MTPCA was developed as a comprehensive music therapy assessment tool with both initial assessment and evaluative purposes. This study tested the MTPCA only for the purpose of assessment. The MTPCA was evaluated for interscorer reliability and for external source reliability.

Hypothesis #1. Will the MTPCA discriminate whether a client is a potential candidate for music therapy treatment?

This statement asks the assessor to make a judgement as to whether an assessed client exhibits tonal and musical awareness. The rationale is that if the client does, then music therapy may be an effective treatment modality. The MTPCA provides eight musical activities to assess whether a client is a potential candidate for music therapy.

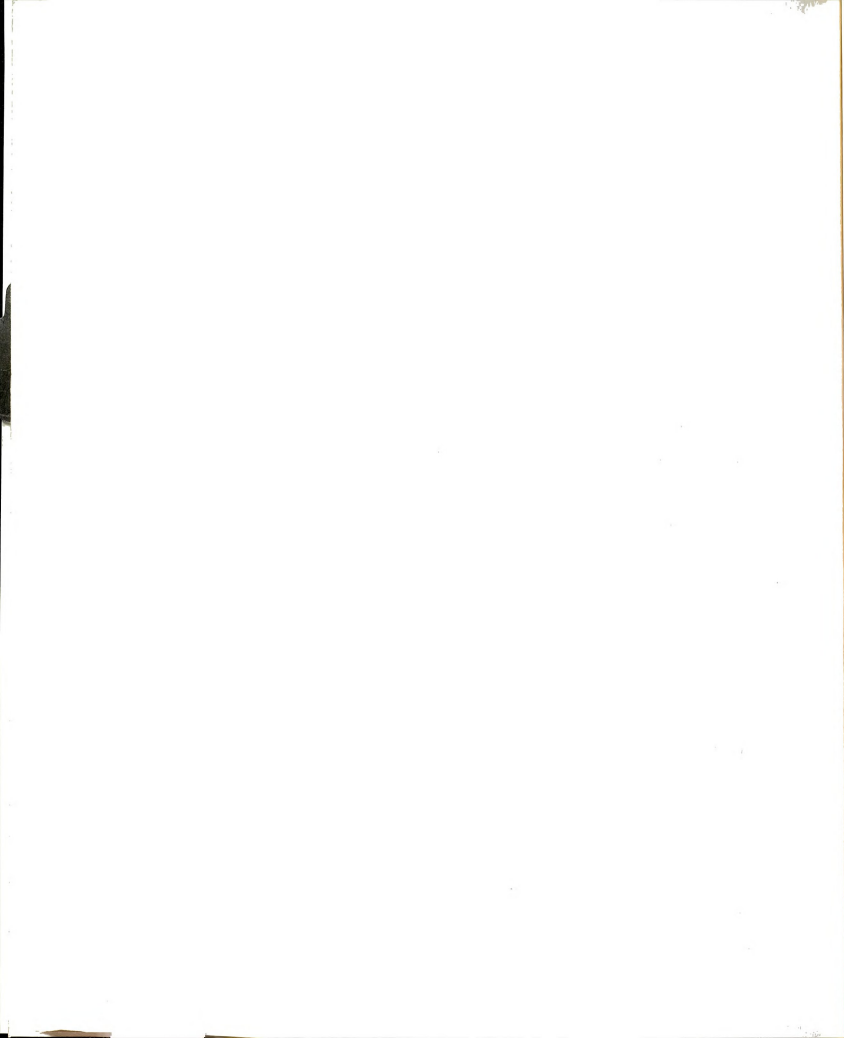
For the seven subjects participating in this study, all three of the music therapists agreed that each of them exhibited tonal and musical awareness in varying degrees.

Thus, the MTPCA was able to discriminate that music therapy is a recommended treatment modality for each subject who participated in this study.

Hypothesis #2. Will the results of the MTPCA provide the music therapist with the current level of functioning of the client in relation to musical tasks?

The music therapists reported that the MTPCA provides sufficient activities to determine the current level of functioning of the client in relation to music tasks. The comprehensive music therapy assessment should evaluate the client in the following areas: cognition, affect and temperament, social and interpersonal skills, motor skills, and musical skills.

The MTPCA provides music activities for each of these areas. Cognition is tested in the activities "All the Colors of the Rainbow", "Countdown", "Shake Something", and "A Pocket Full of B's". Affect and temperament is tested specifically in the activity "Feelings" and can be evaluated further by observations of the client's behavior in all of the activities. Social and interpersonal skills are tested specifically in the activities "Be My Friend", "Feelings", and "Play Your Sticks" and can be evaluated further by observations of the client's behavior in all of the activities. Motor Skills are tested in the activities "Be My Friend", "All the Colors of the Rainbow", "Shake Something", Music imitation skills, and "Play Your Sticks".



Musical Skills are tested specifically in the activities "Be My Friend", Aural discrimination and performance tasks, and "Play Your Sticks". One area not thoroughly tested by the MTPCA is the client's music preferences for instruments and musical styles.

The MTPCA Recording Form provides items for the therapist to indicate the client's level of functioning, either through checking specific tasks or using a rating scale for the client's behavior, for the areas mentioned above. The music therapists were able to complete all items in the MTPCA for each subject except items: V. B.5. Asks for help when needed and VII. B. Styles. The music therapists indicated to the author that the following items were difficult to assess within the MTPCA's activities: II. C.1. Expresses simple ideas (nonverbally), II. C.3. Expresses wants/needs (nonverbally), II. C.4. Expresses with feeling (nonverbally), and IV. A.1. Makes positive comments about self.

Hypothesis #3. Will the results of the MTPCA demonstrate reliability when given to emotionally impaired, learning disabled, and autistically impaired children?

The Pearson product-moment correlation was computed for each of the fifty-five scaled items of the MTPCA to determine reliability. Reliability was analyzed three ways for the MTPCA. First, interscorer reliability was analyzed among the three music therapists' MTPCA Recording Forms for

1. 1. 14. 14

2. 2. 14. 14

3. 3. 14. 14

4. 4. 14. 14

5. 5. 14. 14

6. 6. 14. 14

7. 7. 14. 14

8. 8. 14. 14

9. 9. 14. 14

10. 10. 14. 14

11. 11. 14. 14

12. 12. 14. 14

13. 13. 14. 14

14. 14. 14. 14

15. 15. 14. 14

16. 16. 14. 14

17. 17. 14. 14

18. 18. 14. 14

19. 19. 14. 14

20. 20. 14. 14

21. 21. 14. 14

22. 22. 14. 14

23. 23. 14. 14

24. 24. 14. 14

25. 25. 14. 14

26. 26. 14. 14

27. 27. 14. 14

28. 28. 14. 14

29. 29. 14. 14

30. 30. 14. 14

each subject. Second, external source reliability was analyzed between the scorers and the teacher evaluations of the learning disabled subjects. Third, external source reliability was analyzed between the scorers and the teacher evaluations of the emotionally impaired and autistically impaired subjects.

Among the scorers, fifteen items had a correlation coefficient of at least .60; five were significant at the .05 level. Forty items had correlation coefficients below .60. The following items showed reliability, though not necessarily statistically significant from zero, among the interscorer correlations with the music therapists.

I. Academic Skills

- A.1. Sits in assigned areas
- A.2. Does not interrupt others
- A.3. Attends to task

II. Communication Skills

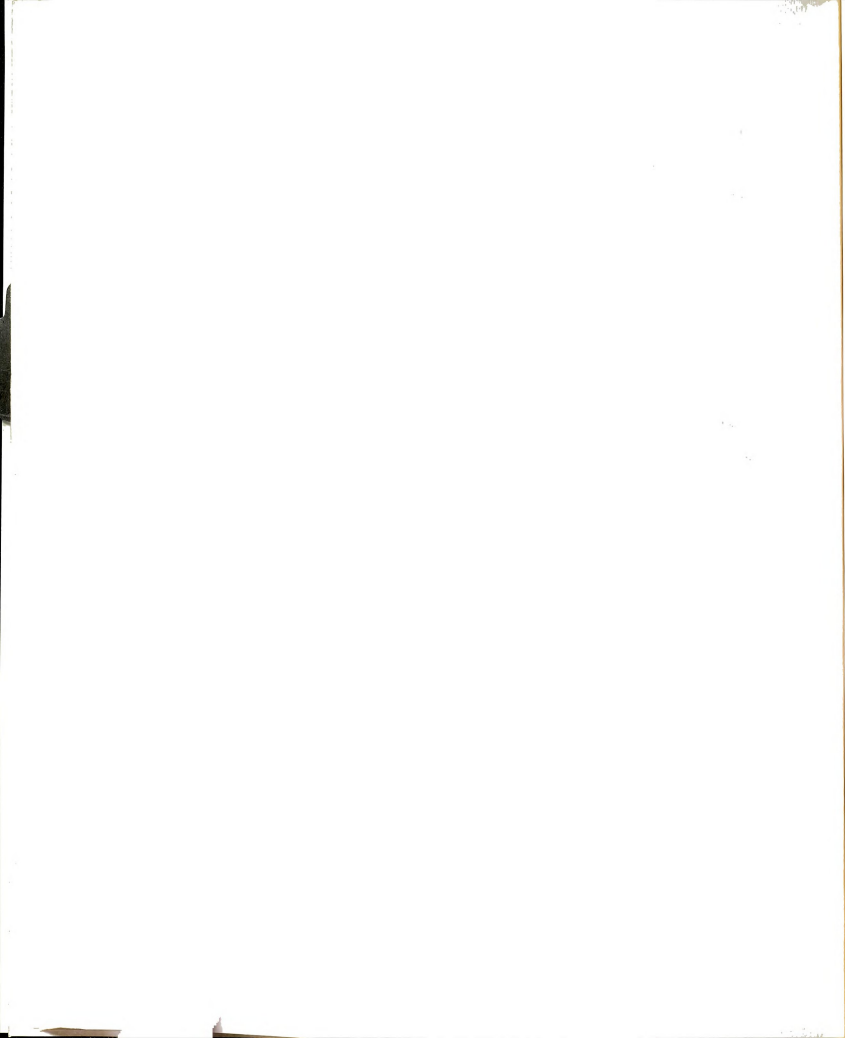
- C.1. Expresses simple ideas (verbally)
- C.3. Expresses wants/needs (verbally)
- D.2. Uses verbs/action words
- D.4. Speaks in sentences (simple sentences)

III. Motor Skills

- A.1. Beats a steady beat (with an instrument)

IV. Affective Characteristics

- A.1. Makes positive comments about self
- A.3. Perseveres at difficult tasks



- B.4. Identifies situations/examples of different emotions

V. Social Skills

- B.1. Responds when name is called
- B.2. Responds to defined limits
- B.3. Accepts help from others
- B.6. Participates appropriately

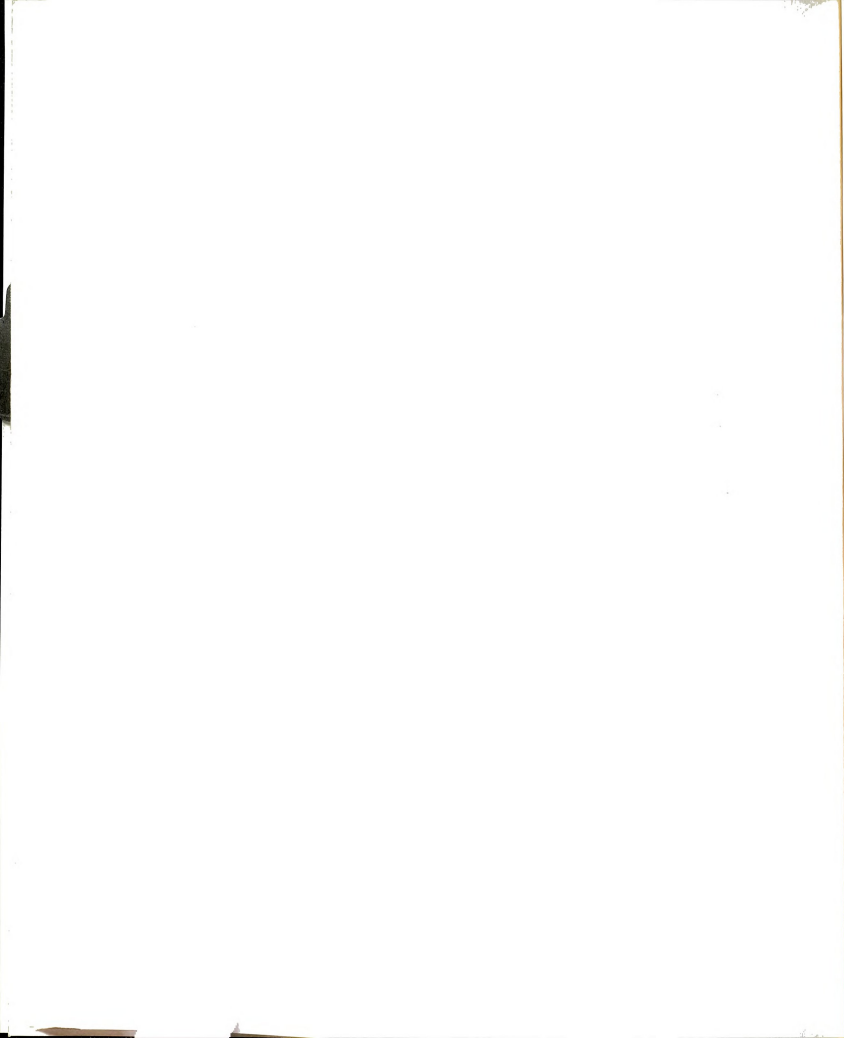
Among the external source reliability between the scorers and the teacher of the learning disabled subjects, thirteen items had a correlation coefficient of at least .60; eleven were significant at the .05 level. Twenty items had correlation coefficients below .60. The correlation coefficients for twenty-two items resulted in 0 due to either the music therapists or the teacher using the same rating for each subject. The following items showed external source reliability.

II. Communication Skills

- B.2. Makes eye contact during conversation
- C.2. Expresses feelings (verbally)
- C.4. Expresses with feeling (verbally)
- D.1. Verbalizes names of objects
- D.2. Uses verbs/action words
- D.3. Speaks in 1-2 word phrases
- D.4. Speaks in sentences (simple sentences)

IV. Affective Characteristics

- A.5. Maintains eye contact



B.2. Expresses appropriate emotions (nonverbally)

B.4. Identifies situations/examples of different emotions

V. Social Skills

A.1. Communicates in appropriate manner

A.2. Initiates interaction

B.3. Accepts help from others

Among the external source reliability between the scorers and the teacher evaluations of the emotionally impaired and autistically impaired subjects, fourteen items had a correlation coefficient of at least .60; twelve were significant at the .05 level. Twenty-nine items had a correlation coefficient below .60. The correlation coefficient for twelve items was considered to be 0 since either the music therapists or the teacher used the same rating for each subject. The following items showed external source reliability.

II. Communication Skills

B.3. Responds to message/instructions (verbally)

C.2. Expresses feelings (nonverbally)

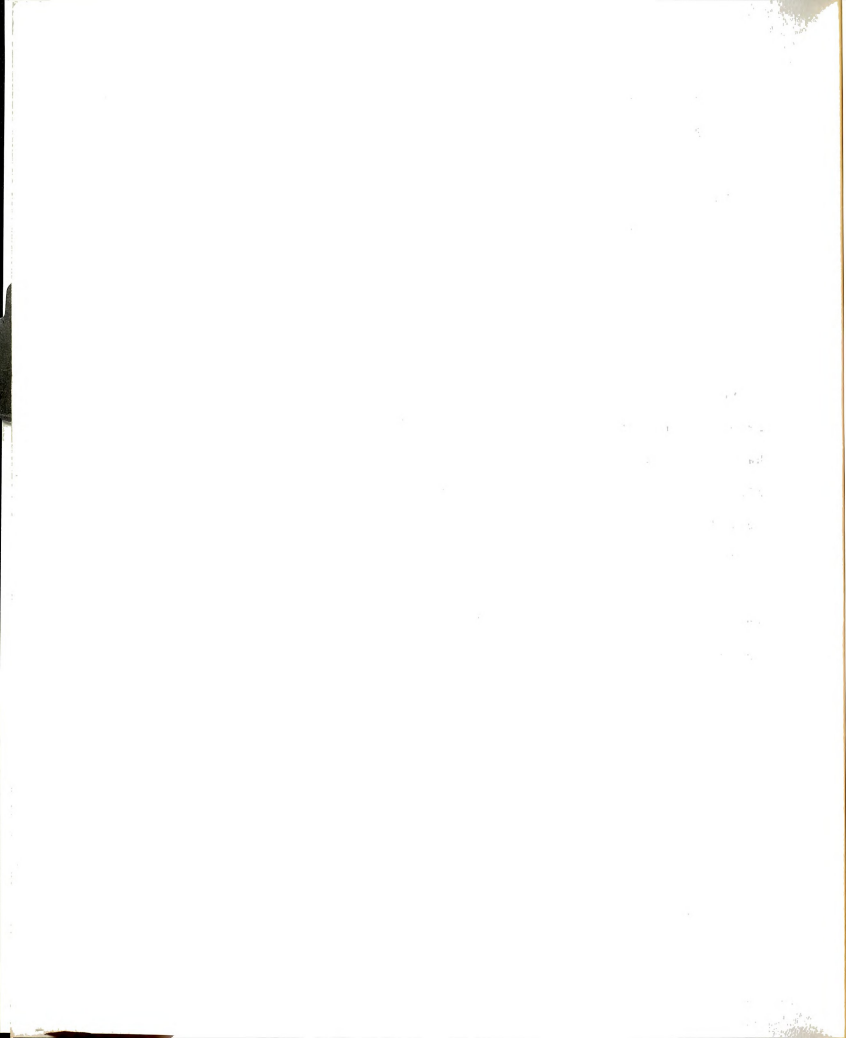
D.4. Speaks in sentences (simple sentences)

D.4. Speaks in sentences (complex sentences)

III. Motor Skills

A.1. Beats a steady beat (with an instrument)

A.3. Completes motor sequences



IV. Affective Characteristics

- A.1. Makes positive comments about self
- A.3. Perseveres at difficult tasks
- A.5. Maintains eye contact
- B.1. Actively responds with physical &/or facial affect
- B.2. Expresses appropriate emotions (verbally)

V. Social Skills

- A.4. Interacts appropriately (verbally)
- B.5. Asks for help when needed
- B.6. Participates appropriately

One item, II. D.4. Speaks in sentences (simple sentences), had a correlation coefficient of at least .60 with all three reliabilities.

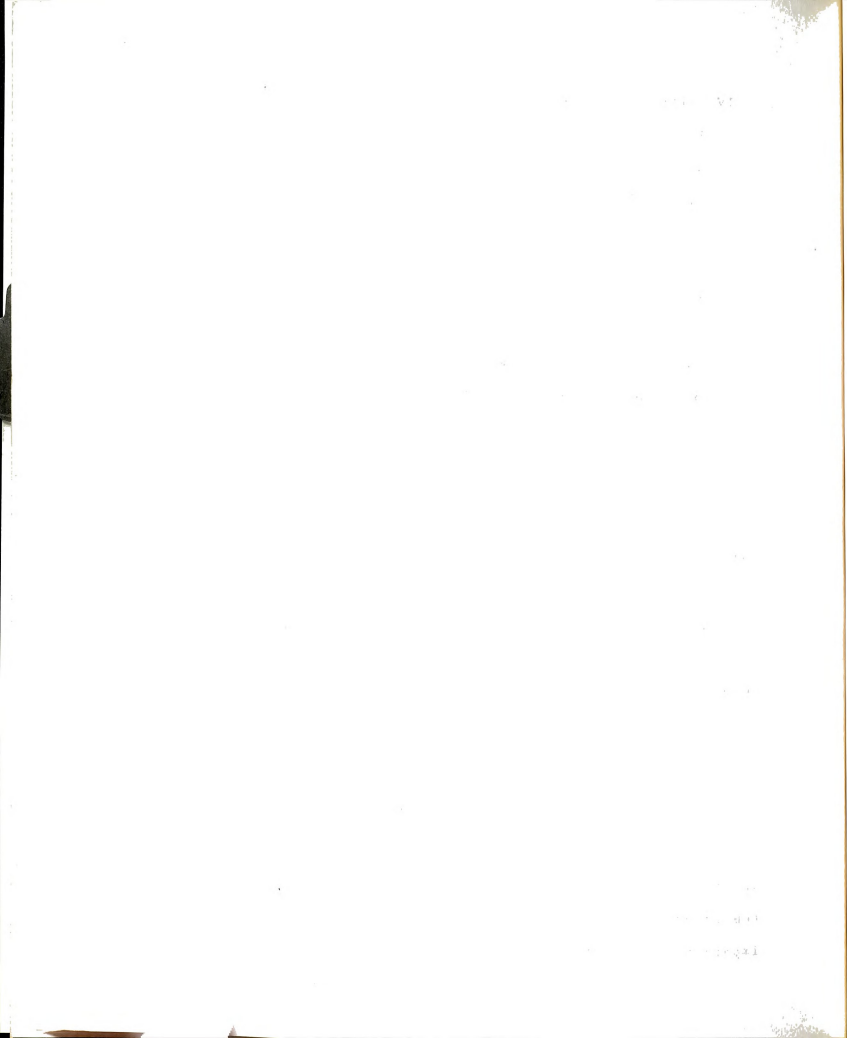
The following three items had a correlation coefficient of at least .60 with both interscorer reliability and external source reliability with the learning disabled subjects.

II. D.2. Uses verbs/action words

IV. B.4. Identifies situation/examples of different emotions

V. B.3. Accepts help from others.

The following three items had a correlation coefficient of at least .60 with both the interscorer reliability and the external source reliability with the emotionally impaired and the autistically impaired subjects.



III. A.1. Beats a steady beat (with an instrument)

IV. A.1. Makes positive comments about self

IV. A.3. Perseveres at difficult tasks

The reliability coefficients were considered to be 0 for several of the items because either the music therapists or the teachers used the same rating for each subject; thus there was no variance of scoring behavior to be correlated. Similar ratings on the MTPCA items may have occurred due to a small sample ($n = 7$). Behaviors are less likely to be significantly varied among a smaller number of subjects versus a larger number of subjects. All of the subjects in this study seem to have exhibited similar behavior for selected MTPCA items.

The MTPCA also contains non-scaled items. These items are in the sections: I. B. Basic Concepts, II. A. Pre-Verbal Expression, II. E. Articulation, VI. Auditory Perception Skills, and VII. Musical Preferences. One other non-scaled item is IV. A.4. Gives personal identification.

Comparisons of the music therapists responses showed face validity for the following MTPCA non-scaled items.

I. B. Basic Concepts

1. Color identification
2. Shapes identification
3. Counting, numbers concept
4. Alphabet, letters concept
5. Identifies body parts

1875

1876

1877

1878

1879

1880

1881

1882

1883

1884

1885

1886

1887

1888

1889

1890

1891

1892

1893

1894

1895

1896

1897

1898

1899

1900

- II. A. Pre-Verbal Expression
 - 1. Makes vocal sounds
 - 2. Imitates syllables
 - 3. Vocalizes sequence of sounds
- II. E. Articulation
 - 1. Vowels
 - 2. Consonants
 - 3. Letter Combinations
- IV. A.4. Gives personal identification
- VI. Auditory Perception Skills
 - A.1. Timbre
 - A.2. Dynamics
 - A.3. Pitch
 - A.4. Rhythm
 - B.3. Simple rhythms
 - B.4. Dynamic levels
 - B.5. Different tempos
- VII. Musical Preferences
 - A. Instruments

Comparisons between the scorers and the teacher evaluations of the learning disabled subjects showed face validity for the following non-scaled items.

- I. B. Academic Skills
 - 1. Color identification
 - 4. Alphabet, letters concept
 - 5. Identifies body parts

II. A. Pre-Verbal Expression

1. Makes vocal sounds
2. Imitates syllables
3. Vocalizes sequence of sounds

VI. Auditory Perception Skills

- A.1. Timbre
- A.2. Dynamics
- A.3. Pitch
- A.4. Rhythm
- A.5. Tempo
- B.3. Simple rhythms
- B.4. Dynamic levels
- B.5. Different tempos

Comparisons between the scorers and the teacher evaluations of the emotionally impaired and autistically impaired subjects showed face validity for the following non-scaled items.

I. B. Basic Concepts

1. Color identification
4. Alphabet, letters concept
5. Identifies body parts

II. E. Articulation

1. Vowels
2. Consonants
3. Letter combinations

IV. A.4. Gives personal identification

VI. Auditory Perception Skills

A.5. Tempo

B.3. Simple rhythms

B.4. Dynamic levels

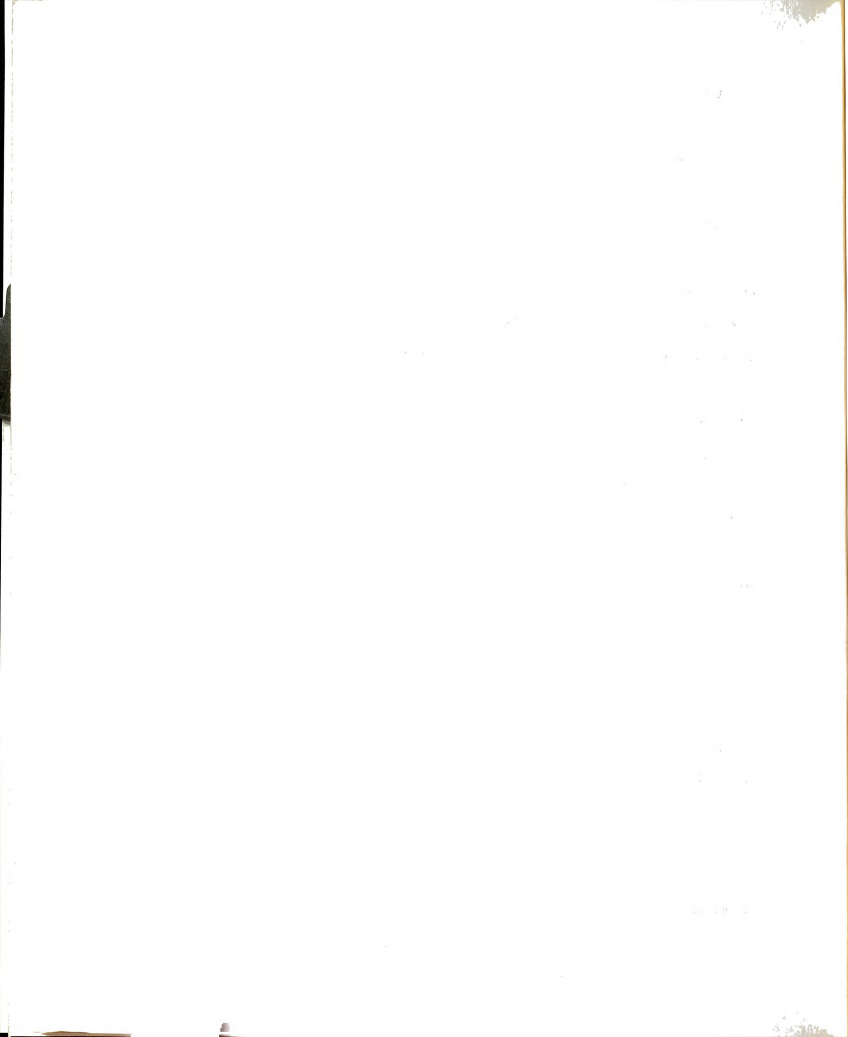
The definitions for all of the tasks were not defined clearly enough in the MTPCA Therapist's Manual. This resulted in the music therapists interpreting some of the test items in different manners, and therefore contributing to a low interscorer reliability score for these items.

The items of the Teacher's Questionnaires may have been interpreted differently by each teacher, as the teachers who participated in this study have unrelated methods of teaching. This would contribute to the variance with the external source reliability for the MTPCA test items.

It is difficult to assess whether the MTPCA demonstrates reliability among the populations of emotionally impaired, learning disabled, and autistically impaired children with the sample size used in this study. A larger sample of each population is needed to determine this reliability. Based on the methods used in this study, it must be concluded that a reliable assessment instrument for these children has not yet been successfully developed.

Recommendations

This study of music therapy assessment has accomplished several goals.



1. This is the first comprehensive music therapy screening assessment for autistically impaired, emotionally impaired, and learning disabled children in the field of music therapy.
2. This study lays the groundwork for future music therapy assessments to be developed and for this music therapy assessment to be revised and tested. The assessment tested in this study may serve to generate other assessment research in the field of music therapy. The literature review served to synthesize studies in clinical assessment for the use of music therapists. The theoretical constructs of this study served to integrate and synthesize other research in assessment.
3. Assessment procedures used in this study may be useful in the training of music therapy students and clinicians. The written material of this study is applicable to various treatment settings in music therapy.

Practical applicability of this study remains speculative without additional supporting research. Replication of this study using a much larger sample of the populations and using a revised MTPCA Therapist's Manual is recommended.

As a result of this study, the following changes are recommended in the MTPCA Therapist's Manual. The definitions for the some of the MTPCA items were reported to be vague or unclear by the music therapists participating in this study. It is suggested that an

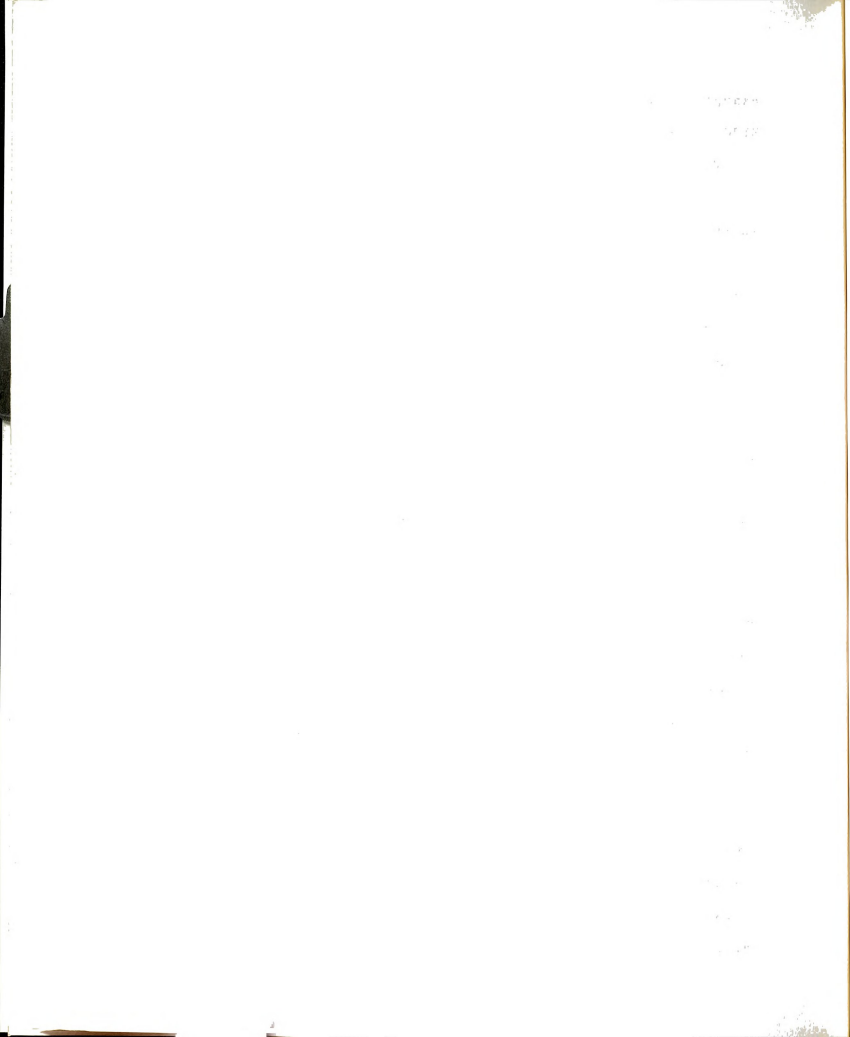
example of acceptable behavior be included in all of the MTPCA item definitions.

The MTPCA takes 45 - 60 minutes to administer. This may be too long for the child to remain attentive. If this is the situation, the MTPCA may be administered in two 25 - 30 minute sessions. This will allow the assessor to evaluate the child on two separate occasions.

The music therapists participating in this study commented that the MTPCA Recording Form is cumbersome to learn. Once each therapist had implemented the MTPCA and used the form four or five times, each therapist agreed the MTPCA was not unreasonable in length. The MTPCA includes many tasks, such as the Auditory Perception Skills tasks, with which the administering therapist must become familiar before using the assessment tool.

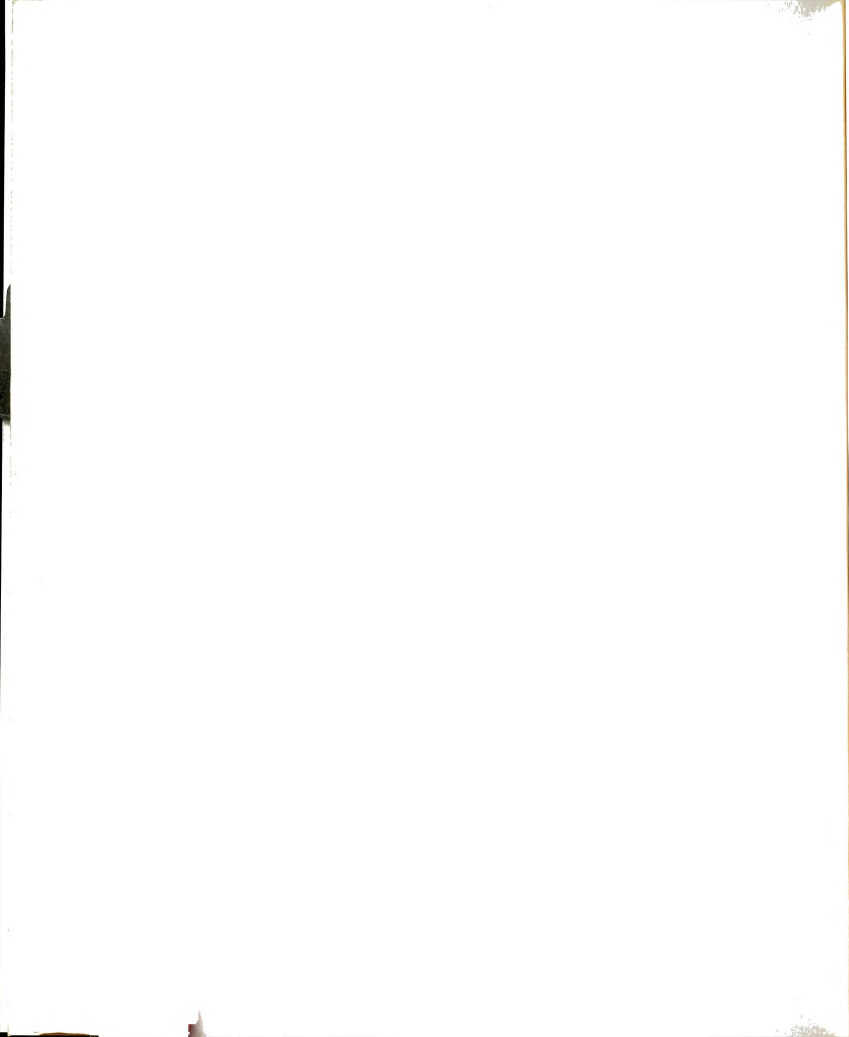
It is recommended that studies be conducted which extend this research. Such studies could (a) assess pretest and posttest applications of the MTPCA, (b) assess reliability with larger samples of the emotionally impaired, learning disabled, and autistically impaired populations, and (c) evaluate the MTPCA in clinical settings.

The issues addressed in this study may be useful for training music therapy clinicians, educators, and students in the area of music therapy assessment. It is hoped that this study will serve to enhance the understanding and effectiveness of assessment in the field of music therapy.



APPENDICES

APPENDIX A
MENTAL DISORDERS OF
INFANCY, CHILDHOOD, OR ADOLESCENCE



APPENDIX A

MENTAL DISORDERS OF
INFANCY, CHILDHOOD, OR ADOLESCENCE

Childhood disorders usually are evident in infancy, childhood, or adolescence. There is no arbitrary age limit to define childhood or adolescence.

According to the DSM-III-R, there is a group of diagnostic categories that are often appropriate for children or adolescents. They include: Organic Mental Disorders, Psychoactive Substance Use Disorders, Schizophrenia, Mood Disorders, Somatoform Disorders, Sexual Disorders, Adjustment Disorder. The diagnoses of Mood Disorders and Schizophrenia are not differentiated between children and adults, as the essential features of these disorders do not differ between age groups.

Many children brought to clinical attention have problems that do not warrant a diagnosis of a mental disorder. Such conditions are noted as: Parent-Child Problem, Childhood or Adolescent Antisocial Behavior, or Other Specified Family Circumstances.

Children who are psychologically, physically, or sexually abused may react in a manner that constitutes a mental disorder. The following are appropriate categories for these circumstances: Reactive Attachment Disorder of Infancy or Early Childhood, Post-traumatic Stress Disorder,

and Adjustment Disorder. Parent-Child Problem is used when a reaction is not severe enough to be considered a mental disorder.

Developmental Disorders

Developmental Disorders are characterized with a predominant disturbance in the acquisition of cognitive, language, motor, or social skills. The course of this subclass of disorders is usually chronic through adulthood.

A general delay of skills is classified as Mental Retardation. The general characteristics of this disorder are: "(1) significantly subaverage general intellectual functioning (an IQ of 70 or below on an individually administered IQ test), accompanied by (2) significant deficits or impairments in adaptive functioning (in areas such as communication, daily living skills, and social skills), with (3) onset before the age of 18" (p. 28). There are four degrees of severity of mental retardation, reflecting the degree of intellectual impairment, noted with specified IQ ranges: Mild (IQ = 50-55 to approximately 70), Moderate (IQ = 35-40 to 50-55), Severe (IQ = 20-25 to 35-40), and Profound (IQ = below 20-25).

Pervasive Developmental Disorders are classified with multiple areas in which there are qualitative distortions of normal development "of reciprocal social interaction, in the development of verbal and nonverbal communication skills, and in imaginative activity" (p. 33).

Often there is a restricted repertoire of activities and interests, which are frequently stereotyped and repetitive. This disorder usually appears before the age of three, although it may appear as late as the age of five or six.

Autistic Disorder, also known as Infantile Autism and Kanner's Syndrome, is the only subgroup for pervasive developmental disorders. Autistic Disorder is merely the most severe form of a pervasive developmental disorder.

Another form of developmental disorders, Specific Developmental Disorders, bears features as a delay or failure to progress in a specific area of skill acquisition. This subclass is for "disorders that are characterized by inadequate development of specific academic, language, speech, and motor skills and that are not due to demonstrable physical or neurological disorders, a pervasive developmental disorder, mental retardation, or deficient educational opportunities" (p. 40). The age of onset for this disorder is usually before eight. The detection and treatment of many of the specific developmental disorders generally occurs within schools.

The following are the categories of Specific Developmental Disorders:

Academic Skills Disorders include the diagnoses of Developmental Arithmetic Disorder, Developmental Expressive Writing Disorder, and Developmental Reading Disorder. Language and Speech Disorders encompass the following

3.10

3.11

3.12

3.13

3.14

3.15

3.16

3.17

3.18

3.19

3.20

3.21

3.22

3.23

3.24

3.25

3.26

3.27

3.28

3.29

3.30

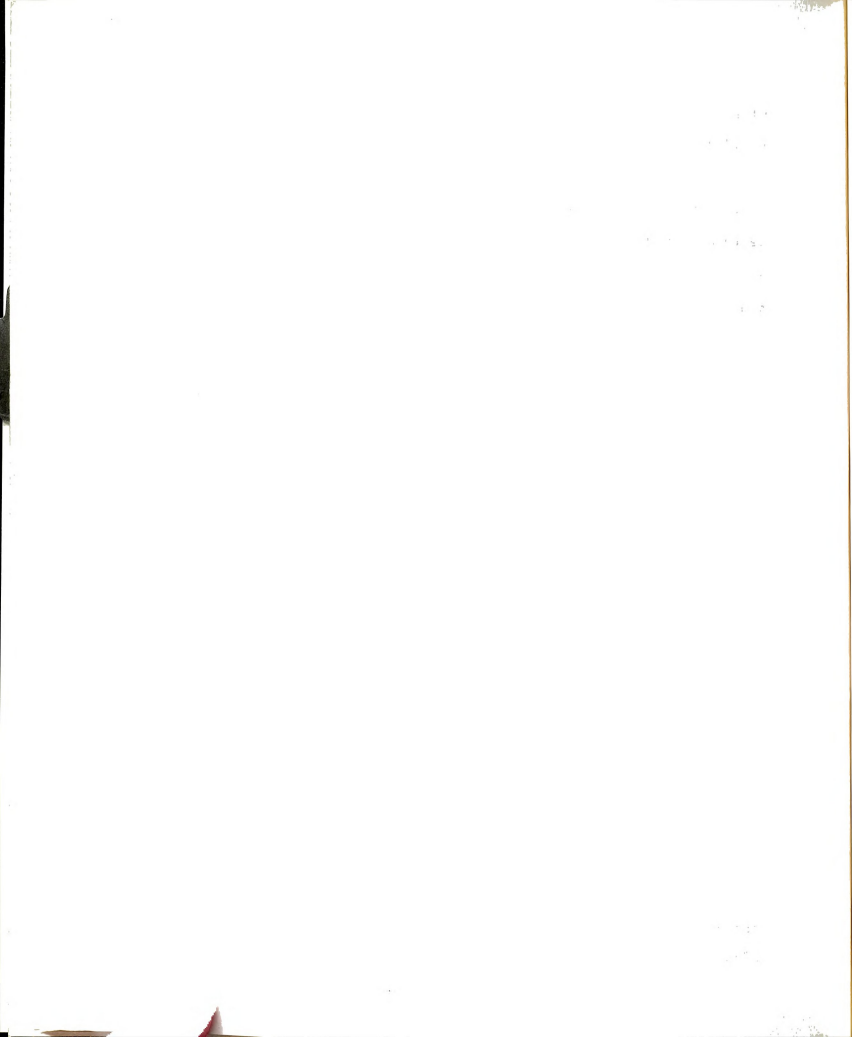
diagnoses: Developmental Articulation Disorder, Developmental Expressive Language Disorder, and Developmental Receptive Language Disorder. Motor Skills Disorders are classified with the diagnosis of Developmental Coordination Disorder. The primary disturbance in each diagnosis significantly interferes with academic achievement or activities of daily living requiring the specific skill.

Disruptive Behavior Disorders

Behavior that is socially disruptive and more often distressing to others than to the people with the disruptive behavior is grouped under the subclass of Disruptive Behavior Disorders. The degree of impairment for all Disruptive Behavior Disorders varies among people with the disorder from mild to moderate to severe.

Attention-deficit Hyperactivity Disorder is characterized with "developmentally inappropriate degrees of inattention, impulsiveness, and hyperactivity" (p. 50). This disorder frequently occurs before the age of four, but it may not be detected until the child enters school.

Conduct Disorders are classified as either group type, solitary type, or undifferentiated type. "The essential feature of this disorder is a persistent pattern of conduct in which the basic rights of others and major age-appropriate societal norms or rules are violated" (p. 53). Typically, this behavior pattern is present at home,



at school, with peers, and in the community. Physical aggression, covert stealing, substance use, low self-esteem, and below level academic achievement is common behavior among people with a conduct disorder. This disorder occurs prior to the onset of puberty in most cases.

A behavior pattern of hostile, negativistic, and defiant behavior without the more severe behavioral violations of conduct disorders is the essential feature of Oppositional Defiant Behavior. The disorder is present at home, but may not be present at school or with peers. Argumentative and defiant behavior with adults is common among children with Oppositional Defiant Behavior. The age of onset for this disorder is typically before eight, but no later than early adolescence.

Anxiety Disorders of Childhood or Adolescence

Separation Anxiety Disorder is characterized by excessive anxiety, with a duration for a minimum of two weeks, concerning separation from those to whom a child is attached. Onset of this disorder is before the age of eighteen. A child with Separation Anxiety Disorder experiences anxiety, often to the point of panic, when they are separated independently from familiar areas. During the time of separation, the child is often preoccupied with morbid fears of accident or injury to those they are separated from.

18

18

18

18

18

18

18

18

18

18

18

18

18

18

18

18

18

18

18

18

18

18

18

18

18

18

18

Avoidant Disorder of Childhood or Adolescence is identified with "an excessive shrinking from contact with unfamiliar people that is of sufficient severity to interfere with social functioning in peer relationships" (p. 61). Yet, children with this disorder possess a clear desire for social involvement with familiar people.

Overanxious Disorder is characterized by "excessive or unrealistic anxiety or worry" (p. 63). A child with this disorder tends to be extremely self-conscious and often appears to have physical symptoms of anxiety.

Mood Disorders

A Major Depressive Episode is characterized with "either depressed mood (or possibly, in children or adolescents, an irritable mood) or loss of interest or pleasure in all, or almost all, activities...for a period of at least two weeks" (p. 218). The age of onset for this disorder is typically in the late 20's, yet it may occur at any age, including infancy.

The essential feature of Dysthymia (or Depressive Neurosis) is "a chronic disturbance of mood involving depressed mood (or possibly an irritable mood in children or adolescents), for most of the day more days than not, for at least two years (one year for children and adolescents)" (p. 230). This disorder typically begins in childhood, adolescence or early adulthood.

Schizophrenia

Schizophrenia is characterized by the occurrence of typical "psychotic symptoms during the active phase of the illness and...in children or adolescents, failure to achieve the expected level of social development, and a duration of at least six months" (p. 187). At some phase of the illness, Schizophrenia involves delusions, hallucinations, or disturbances in form of thought and in affect. There are five types of Schizophrenia: Catatonic, Disorganized, Paranoid, Undifferentiated, and Residual. Undifferentiated Schizophrenia is the most common type of Schizophrenia among children. Onset for this disorder is usually during adolescence or early adulthood, although this disorder may occur during childhood.

Eating Disorders

The features of Anorexia Nervosa are "refusal to maintain body weight over a minimal normal weight for age and height; intense fear of gaining weight or becoming fat, even though underweight; a distorted body image; and amenorrhea (in females)" (p. 65). Onset for this disorder is usually early to late adolescence, although it ranges from prepuberty to the early 30's.

Bulimia Nervosa entails "recurrent episodes of binge eating, a feeling of lack of control over eating behavior during the eating binges,...(self-induced prevention of) weight gain, and persistent overconcern with

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

body shape and weight" (p. 67). This disorder generally begins in adolescence or early adulthood.

Pica is the "persistent eating of a nonnutritive substance" (p. 69). There is no aversion to food with this disorder. Age of onset is usually 12 to 24 months.

Rumination Disorder of Infancy is characterized by the "repeated regurgitation of food, with weight loss or failure to gain the expected weight, developing after a period of normal functioning" (p. 70). This disorder usually appears between the age of 3 and 12 months.

Gender Identity Disorders

The essential features of Gender Identity Disorder of Childhood are "persistent and intense distress in a child about his or her assigned sex and the desire to be, or insistence that he or she is, of the other sex" (p. 71). The age of onset for this disorder is before four.

Gender Identity Disorder of Adolescence or Adulthood, Nontranssexual Type (GIDAANT) is similar to the disorder above. Age of onset for GIDAANT is after the person has reached puberty. Also, a person with GIDAANT is persistent, either in fantasy or in actuality, with the behavior of cross-dressing in the role of the other sex.

Transsexualism is characterized as "persistent discomfort and (a) sense of inappropriateness about one's assigned sex in a person who has reached puberty" (p. 75). Persons with this disorder typically live their lives as if

1809

1810

1811

1812

1813

1814

1815

1816

1817

1818

1819

1820

1821

1822

1823

1824

1825

1826

1827

1828

1829

1830

1831

1832

1833

they were members of the opposite sex. Often, this disorder leads to surgical sex-reassignment treatment.

Tic Disorders

A tic is "an involuntary, sudden, rapid, recurrent, nonrhythmic, stereotyped, motor movement or vocalization" (p. 78). All forms of tics are often triggered by stress and usually diminish during sleep. Often during absorbing activities, tics may become attenuated.

Tourette's Disorder entails "multiple motor and one or more vocal tics" (p. 79). The tics occur many times a day, nearly every day for a period of over one year. The location, frequency, and severity of the tics may change over time. This disorder usually appears by the age of 7, although it is not uncommon to occur as late as the age of 21 and as early as one year of age.

A person with either motor or vocal tics, but not both, has a Chronic Motor or Vocal Tic Disorder. The age of onset is before 21.

The essential features of Transient Tic Disorder is "single or multiple motor and/or vocal tics that occur many times a day, nearly every day for at least two weeks, but for no longer than twelve consecutive months" (p. 81). This disorder usually is apparent during childhood or early adolescence.

Elimination Disorders

The essential feature of Functional Encopresis is "repeated involuntary passage of feces into places not appropriate for that purpose. ... By definition, primary functional encopresis begins by the age four. Secondary encopresis usually begins between the ages of four and eight" (pp. 82-82).

Functional Enuresis is "repeated involuntary or intentional voiding of urine during the day or night into bed or clothes, after an age at which continence is expected" (p. 84). The age of onset for primary functional enuresis is before the age of five. Secondary functional enuresis generally occurs between the ages of five and eight.

Speech Disorders Not Elsewhere Classified

Cluttering is "a disturbance of fluency involving an abnormally rapid rate and erratic rhythm of speech that impedes intelligibility" (p. 86). Generally, the person with cluttering is unaware of any communication impairment. Usually, the age of onset for this disorder is before the age of seven.

Stuttering is "a marked impairment in speech fluency characterized by frequent repetitions or prolongations of sounds or syllables" (p. 86). Stuttering is worsened with stress and is often absent during "oral reading, singing, or talking to inanimate objects or to

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

1926

1927

1928

1929

1930

1931

1932

1933

pets" (p. 86). The age of onset for this disorder is before the age of ten in 98% of all cases.

Other Disorders of Infancy, Childhood, or Adolescence

The essential feature of Elective Mutism is "persistent refusal to talk in one or more major social situations, including school, despite ability to comprehend spoken language and to speak" (p. 88). Communication is usually through nonverbal means or in some instances, through monosyllabic utterances. Generally, the age of onset is before five.

Identity Disorder is characterized with "severe subjective distress regarding inability to integrate aspects of the self into a relatively coherent and acceptable sense of self. There is uncertainty about a variety of issues relating to identity, including long-term goals, career choice, friendship patterns, sexual orientation and behavior, religious identification, moral value systems, and group loyalties" (p. 89). The age of onset is usually late adolescence, but may extend into early adulthood and even middle age.

Reactive Attachment Disorder of Infancy or Early Childhood involves "markedly disturbed social relatedness in most contexts that begins before the age of five and is not due to Mental Retardation or a Pervasive Developmental Disorder" (p. 91).

Page 1

Page 2

Page 3

Page 4

Page 5

Page 6

Page 7

Page 8

Page 9

Page 10

Page 11

Page 12

Page 13

Page 14

Page 15

Page 16

Page 17

Page 18

Page 19

Page 20

Page 21

Page 22

Page 23

Page 24

Page 25

The essential features of Stereotypy/Habit Disorder are "intentional and repititive behaviors that are nonfunctional, i.e., serve no constructive, socially acceptable purpose" (p. 93). The behaviors of this disorder may be seen in infants and young children and may intensify during adolescence.

5

1000000

1000000

1000000

6

1000000

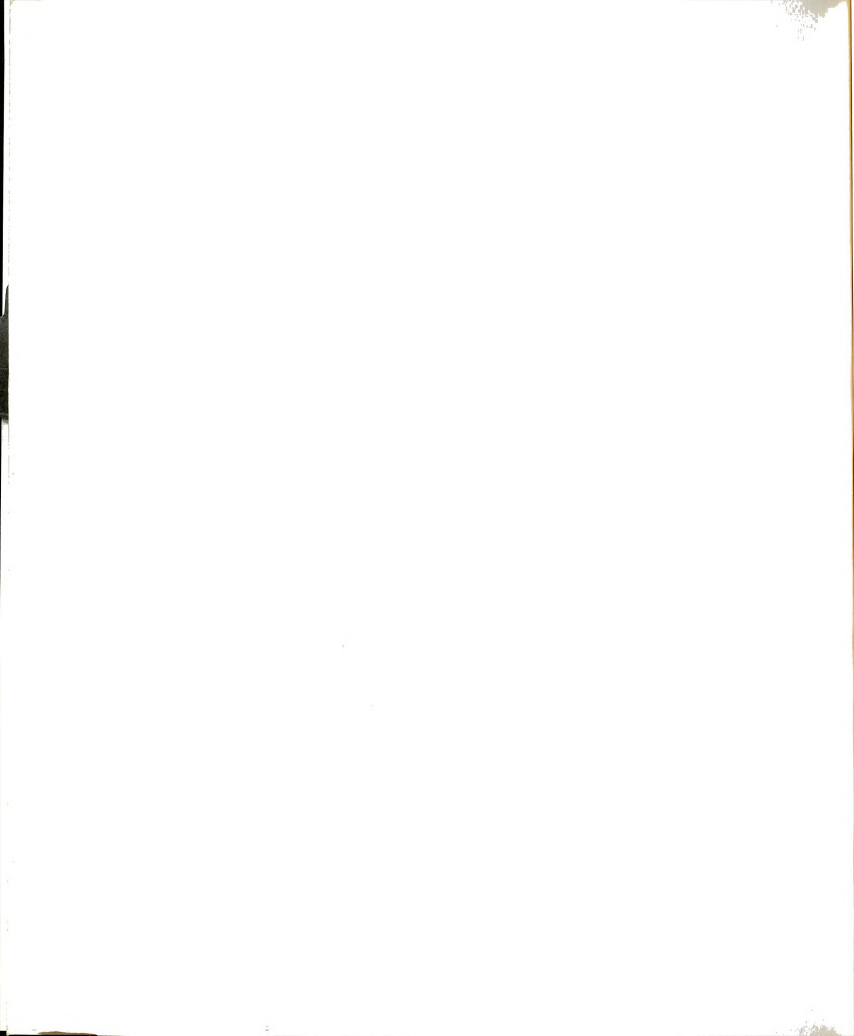
1000000

1000000

1000000

APPENDIX B

INFORMED CONSENT AUTHORIZATION FORM



APPENDIX B

INFORMED CONSENT AUTHORIZATION FORM

Informed Consent Authorization

Dear Parent/Guardian:

In partial fulfillment for the Master's of Music degree in Music Therapy, a master's thesis project must be completed. The purpose of this study is to develop a reliable music therapy assessment tool to be used with children. The Music Therapy Profile of Children's Abilities (MTPCA) is a comprehensive music therapy intake assessment to determine a) whether or not an individual would potentially benefit from music therapy treatment and b) the current level of functioning through responses to music activities. Areas of functioning include the following: cognitive, affect and temperament, social and interpersonal skills, motor skills, and musical skills and interests.

Your child's involvement in this study will include participating in the MTPCA's music activities, such as singing and playing rhythm instruments. This will take approximately 30 minutes and will be done in a classroom at Post Oak Elementary School, during school hours. This assessment will be videotaped so that the music therapist implementing the MTPCA and two observing music therapists, who may or may not be at the assessment session, can complete the MTPCA recording form. All music therapists in this study are Registered Music Therapists-Board Certified (RMT-BC). It is necessary to have a minimum of three music therapists completing the recording form in order to evaluate the reliability of the MTPCA. The videotape of your child will be erased when the study is completed.

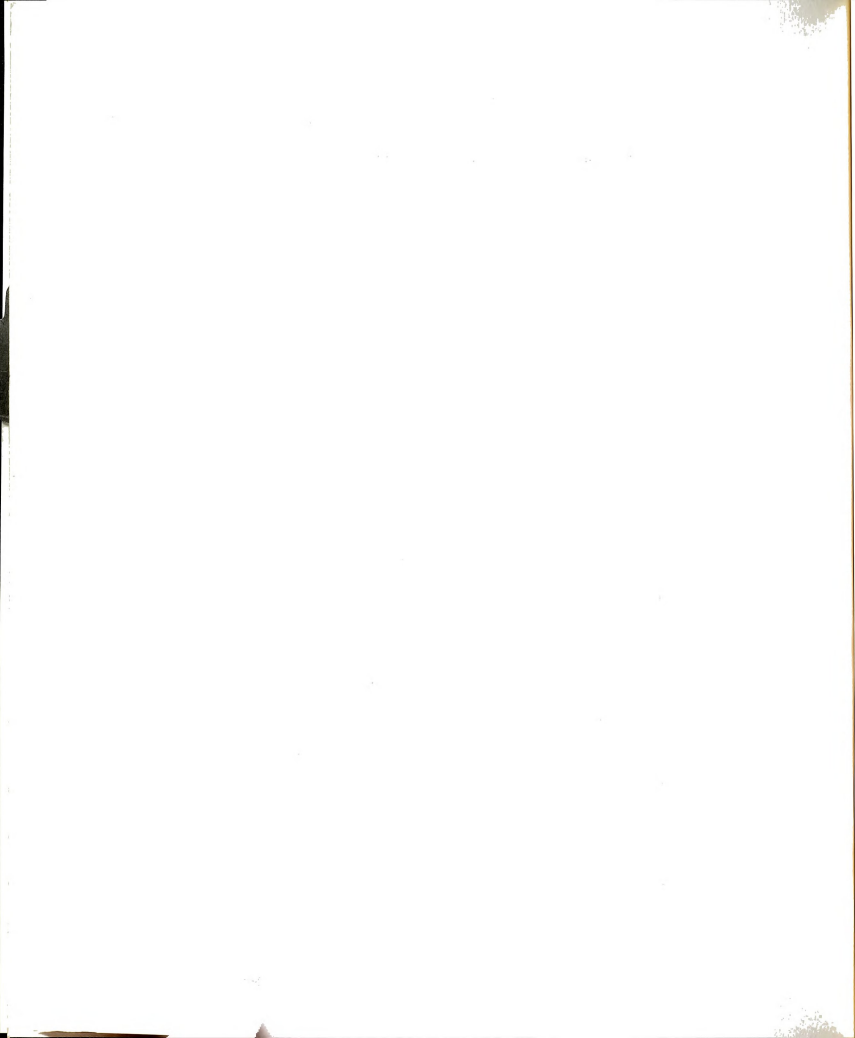
Participation in this study is completely voluntary and your child may discontinue his/her involvement in this study at any time.

As indicated in the release which you are asked to sign, you have the right to request information regarding your child's individual assessment results. All oral and written information regarding your child will be kept confidential and all results from this study will remain anonymous.

If you are willing to allow your child to participate in this study, please read the following statement and sign your name where indicated. Also, please review the procedures of this study with your child and have him/her sign the form where indicated. If you have any questions about this assessment, please contact me at either home: 332-4421 or the MSU Music Therapy Clinic: 353-6426.

Thank you for your assistance,

Cheryl Swanson, RMT-BC
Cheryl Swanson, RMT-BC



(Please return this page to school)

Permission to Assess

I, _____, parent/guardian
of _____, give my
permission for the MTPCA to be administered to my child. I
have read the information describing this study and
understand my child's involvement and rights as outlined.
I understand that participation is completely voluntary and
that my child may terminate participation at any time. I
am aware that the assessment will be videotaped and the
tape will be erased when the study is completed. I am
aware that all of my child's responses will remain
confidential and that I have the right to request
information regarding my child's individual assessment
results.

signature

date

For your child:

I have been informed about this study and the MTPCA. I
agree to participate in this study. I know that I will be
videotaped and that I have the right to stop the
assessment at any time.

child's signature

date

APPENDIX C
MTPCA THERAPIST'S MANUAL

APPENDIX C

MTPCA THERAPIST'S MANUAL

MUSIC THERAPY
PROFILE OF CHILDREN'S ABILITIES
(MTPCA)

A COMPREHENSIVE ASSESSMENT TOOL

THERAPIST'S MANUAL

By:

Cheryl A. Swanson, RMT-BC

Spring 1988

Master's Thesis Project

Michigan State University

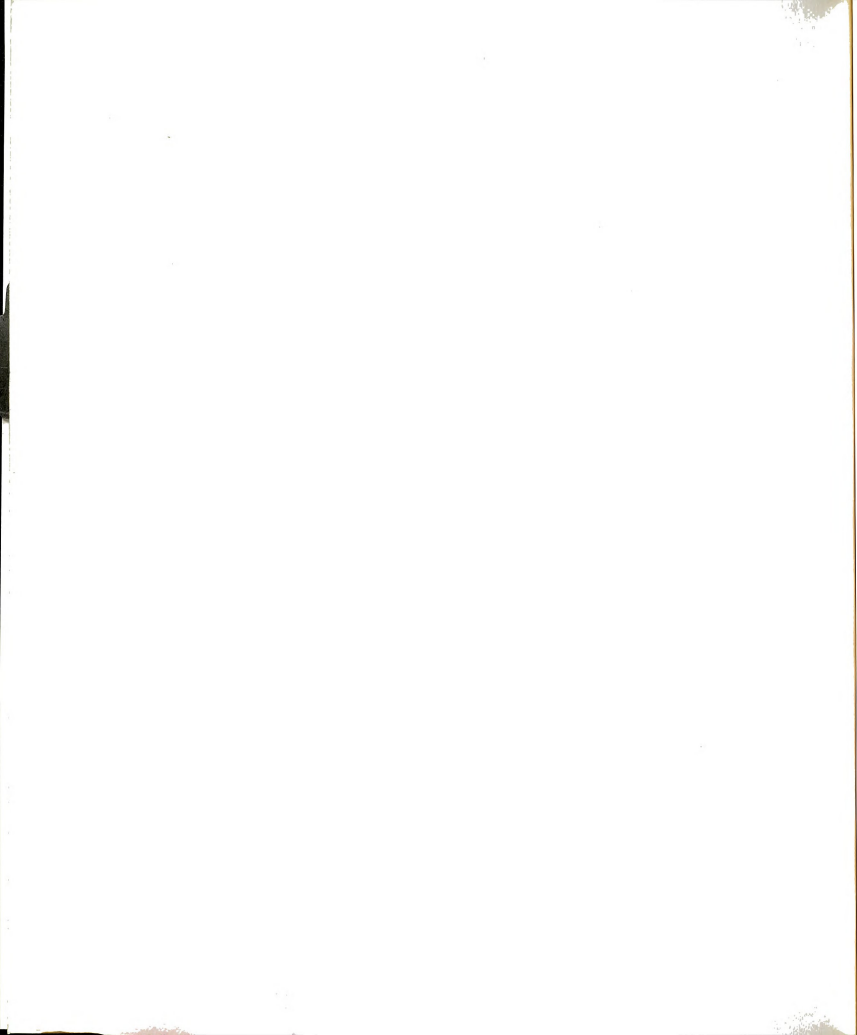


Table of Contents

Music Therapy with Children	1
The Process of Music Therapy	4
The Assessment Process	6
Administering the MTPCA	14
MTPCA Music Activities	16
Recording the MTPCA	43
Using the MTPCA Recording Form	45
References	67

MUSIC THERAPY PROFILE OF CHILDREN'S ABILITIES
THERAPIST'S MANUAL

Music Therapy with Children

Music therapy can have a far-reaching effect upon the development of children who bear the handicaps of emotional impairment, learning impairment, mental impairment, orthopedic or physical impairment, sensory impairment, and other health impairment. Music is a universal experience in that everyone can share in its fundamental elements of melody, harmony, and rhythm.

Children who are handicapped may be isolated from the course and content of normal human life. Music activities can be highly normalizing for the handicapped child. "It can reduce the social perception of deviance by maximizing the normal accomplishments of a handicapped person" (Alley, 1979, p. 113). Often, the handicapped child has difficulties assimilating life's experiences, becoming confused in their interpretation. For these children, music can be a cogent, activating experience. (Nordoff & Robbins, 1971)

Music therapy is a behavioral science and may also include aesthetic experience in which music is used to bring about positive changes in human behavior. Michel (1985) elaborates further defining music therapy as a "behavioral science not only because music is human behavior but also because the use of music in therapy

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

1926

1927

1928

1929

1930

1931

1932

1933

depends upon a mastery of behavioral skills in addition to those of performance and teaching, that is, upon the knowledge and skills necessary to relate the human activity of music to therapy goals" (p. 25). These changes in behaviors may include educational as well as emotional, social, and rehabilitative changes.

Music has powerful influences upon behavior. The therapist often uses music as a motivator by encouraging clients to pursue goals that may appear too difficult or perhaps boring in another setting. Music offers a predictable and orderly structure and allows for gratification from artistic expression to be easily gained by the performer or client. While at the same time, the client may develop an increase in self-confidence from the successful experience and an increase in appropriate socialization skills.

Research has shown that music is an effective therapy modality for treating autistically impaired and emotionally impaired children (Diephouse, 1967; Hollander & Juhrs, 1974; Mahlberg, 1973; Steele, Vaughan, & Dolan, 1976; Stevens & Clark, 1969; Thaut, 1984; Werbner, 1966). Clinical reports show that music is being used as a treatment modality with learning disabled children. Music can provide opportunities for needed creative expression, appropriate socialization, or success-oriented activities. Improvement of receptive and expressive communication skills through singing; development of imitation skills

Deposition of

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

100000

through rhythmic activities, movement, and singing; and increased on-task behavior are examples of common successful goals for the music therapist working with autistically impaired, emotionally impaired, and learning disabled children. Naturally, musical skills are also enhanced and developed through participation in music therapy sessions. (Paul, 1984)

To achieve any of these goals, the music therapist must be at ease with the methods of the musical activities, so that he or she can focus their attention on the behavior of the child. That is, the music therapist must possess a solid base of musicianship to draw from at will in order to stimulate, interest, and involve the child. The therapist, however, cannot allow his or her love for music to overbear the fact that in therapy, music is used as a means to an end (Kessler, 1967). The therapist-child relationship is probably the common denominator for all therapies and is the main factor in bringing about change. It follows that the music therapist must have a genuine interest in the child and must be able to convey this to the child.

1890

1891

1892

1893

1894

1895

1896

1897

1898

1899

1900

1901

1902

1903

1904

1905

1906

1907

1908

The Process of Music Therapy

Several music therapists have described the actual process of music therapy. According to Michel, change is an implied meaning of therapy. Change is defined as "the bringing about of changes from undesirable, unhealthful, uncomfortable conditions to more pleasant ones" (p. 6). In this sense, therapy can be viewed as a process of learning. Modern concepts of therapy often relate, and sometimes equate, therapy and learning.

Another assumption of therapy is that it is, in its most ideal form, individualized. In a hospital or school setting, where individual music therapy is not cost effective, individualized therapy can be viewed as a means of treating the individual in a group setting. That is, while attending to group goals and objectives, the therapist can tailor the session to challenge the individuals involved. Thus, music therapy can be defined as an individualized procedure.

Therapy is based on objectives (or goals) that have been established for the group and/or the individual. Krathwohl, Bloom, and Masia have divided educational objectives into three domains: cognitive, affective, and psychomotor (Mahan & Mahan, 1981). Therapeutic objectives parallel these domains. Effective learning in both education and therapy involves change in all three components.

Stanley & Hopkins (1972) define changes in the three domains in the following manner. Cognitive change includes objectives that focus with the "recall or recognition of learned material and the development of intellectual abilities and skills." Affective changes encompass objectives "that emphasize interests, attitudes, and values, and the development of appreciations and adequate adjustments." Psychomotor changes are concerned with objectives pertaining to "physical, motor, or manipulative skills" (pp. 173-174).

People seem to demonstrate change in three explicit areas: cognitive, affective, and psychomotor. It follows, then, that a therapeutic assessment should encompass those three areas. An assessment of this type, administered prior to treatment, would provide a baseline of the individual's current level of functioning from which to measure therapeutic change. It would also provide information necessary to develop therapeutic objectives for the treatment planning of the individual.

The Assessment Process

The initial phase of music therapy treatment begins with the assessment. Upon receiving a client referral, the music therapist should schedule and implement an assessment. The purpose of this assessment is for screening and to aid with program planning. Most facilities have a time period that this should be completed in, such as within three working days after the referral is written.

The assessment should be completed by the music therapist who will be working with the child. This enables the therapist to meet the client and to begin building rapport with him/her from the onset of the therapeutic experience. Before implementing an assessment, the therapist must be familiar with the process of assessing. Sattler (1988) describes the necessary attributes of a therapist to be an effective assessor.

One must know a great deal about tests and about people; be capable of using creative skill, scientific rigor, and caution in developing hypotheses; be flexible enough to modify or reject hypotheses in the light of new data; know the situations about which inferences must be made; and be aware of one's own characteristics as an interpreter of test performance and human behavior (p. 532).

Assessment procedures should focus on a broad spectrum of the child's abilities. Psychological factors (including cognitive and affective characteristics), social and interpersonal factors, and musical factors should be included in the comprehensive music therapy assessment.

The following

with

with

with

with

with

with

with

with

with

with

with

with

with

with

with

with

with

with

with

with

with

with

with

with

with

with

with

The more sources (within limits) that are used to sample the child's behavior, the better position the therapist will be in to make firm generalizations about the child and to develop intervention strategies.

A comprehensive individualized assessment, culminating in the development of recommendations, should include consideration of the following areas as they concern the child:

- cognition: reading, arithmetic, written and oral language, and color and shape recognition;

- affect and temperament: attention span, activity level, emotions, interaction, and self-concept;

- social and interpersonal skills: communication skills, feelings identification, and interaction;

- motor skills: fine and gross motor skills;

- musical skills and interests: aural discrimination and performance abilities, and preferences.

This type of an assessment procedure will assist the therapist in determining whether the child is suitable for music therapy treatment and in determining the child's current level of functioning.

The assessment is a complex activity, as it requires gathering, integrating, organizing, and interpreting various data. In a music therapy assessment, the therapist is working with the following types of data:

- a) developmental data--including information about academic skills, perceptual abilities, social skills, adaptive

The world

the

will be

to

the

the

the

the

the

the

the

the

the

the

the

the

the

the

the

behavior, and emotional and personality characteristics; b) behavioral data--including observations of behavior during testing and in the facility (i.e., school or hospital); and c) medical data--including the given diagnosis from a physician, psychiatrist, psychologist, or other agencies, and other health related issues.

Sattler outlines the usual steps in the process of assessment as the following:

1. Review all referral information. Consult with referral sources, such as psychiatrist, teacher, or parent, to clarify any vague information.

2. Obtain information relevant to the child's medical, social, psychological, educational, and physical development. This information may be obtained from teachers, parents, medical reports, or other agencies.

3. Assess the behavior of relevant adults, where possible. This may clarify overt behaviors by the child.

4. Observe the child in various settings, where possible.

5. Administer an appropriate assessment, based on the child's age, physical capabilities, and language proficiency.

6. Interpret the data.

7. Formulate hypotheses and recommendations.

8. Develop intervention strategies.

9. Write a report, using the assessment recording form, and include recommendations.

Page 10

Page 11

Page 12

Page 13

Page 14

Page 15

Page 16

Page 17

Page 18

Page 19

Page 20

Page 21

Page 22

Page 23

Page 24

Page 25

Page 26

Page 27

Page 28

Page 29

Page 30

Page 31

Page 32

Page 33

Page 34

Page 35

Page 36

10. Meet with those involved with the treatment of the child to discuss results and recommendations.

11. Follow up on recommendations and administer a progress asseessment when time permits in the treatment process. (see Figure 1 for an outline of the assessment process)

A music therapy assessment requires the therapist to discriminate whether the child performs at a level that can be interpreted as demonstrating if the child is suitable for music therapy treatment. Also, the therapist is asked to determine the current level of functioning through musical tasks for use in program planning when the child is suitable for music therapy treatment.

Interpreting the assessment data can be conceptualized as a chain with three main links. First are the actual responses of the child before, during, and after the assessment. Although the actual assessment activities only involve behavioral responses during the activities, the therapist should be sensitive to other behaviors presented by the child. Second, theories through which the responses can be integrated and conceptualized need to be utilized when synthesizing the information from the assessment. Third, knowledge of what to do with the derived information should be recalled before recording data on the assessment form, which is inserted into the child's records.

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

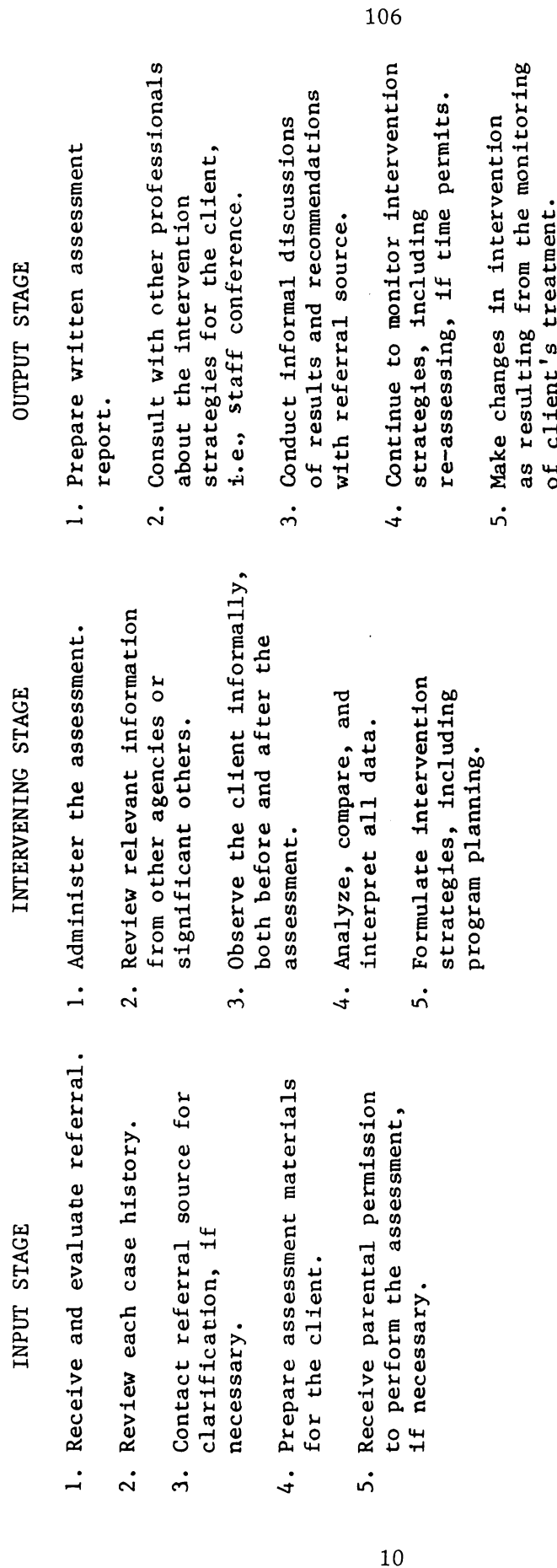
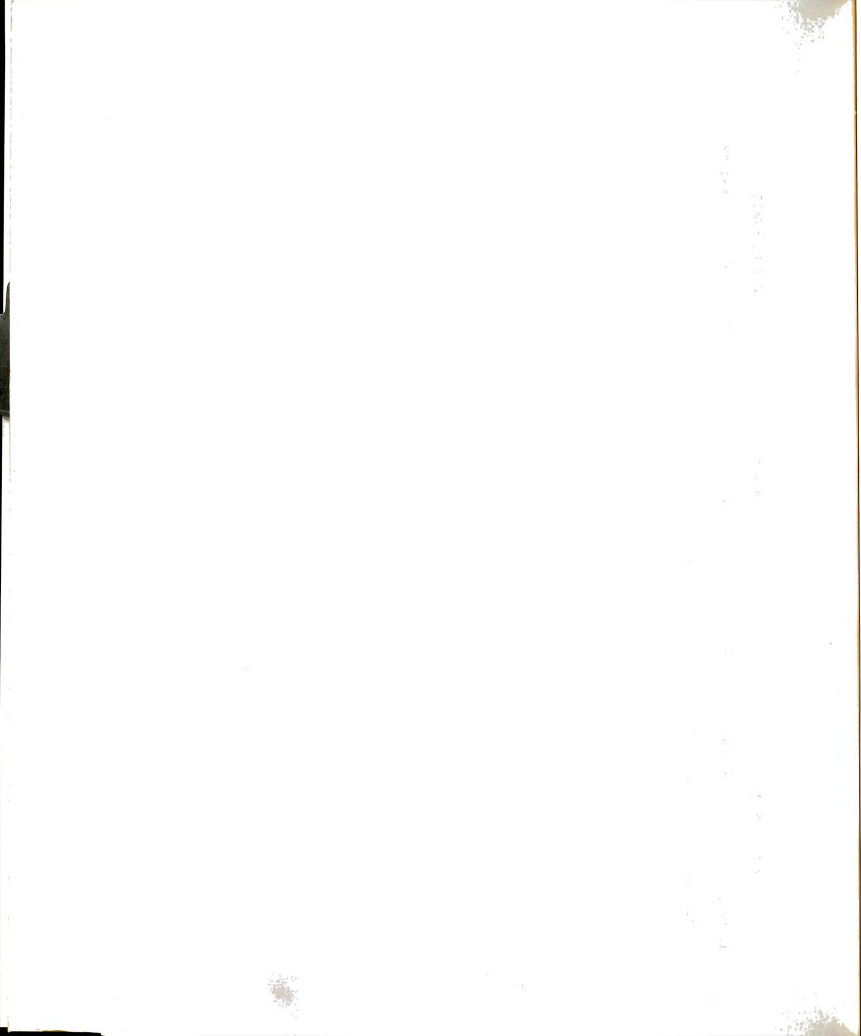


Figure 1: Stages of the Assessment Process



It is necessary to caution therapists implementing and interpreting an assessment. Several factors may influence the responses from the child. For example, the child may be too anxious or nervous to perform the assessment at his/her optimum level. Anxiety may be in the form of separation anxiety, possibly caused by being away from home during the initial phase of in-patient treatment, or the child may be experiencing test anxiety during the assessment. Other factors include the child's personality, situational test demands, other tests taken by the child, and medical influences, such as medication currently being taken.

Failure to successfully respond to various tasks may occur for a variety of reasons. Perhaps the child has sensory impairments, motor impairments, or neurological impairments. Careful analysis of a child's entire performance is needed to arrive at a likely explanation of any failures. Also, consulting with other professionals involved with treating the child and seeking information from the child's records prove to be beneficial at this time in the assessment process. As a rule, the therapist should never report a failure without providing a possible explanation.

A child's performance in a one-time assessment may not reflect how the child would perform if he/she were more comfortable or stimulated. This type of assessment gives information about how the child performs at a specific

moment under specific conditions. The overall performance may not reveal the underlying dynamic attributes that are developing in the child. The therapist must look for signs of insight or creativity masked or not directly assessed by the objective activities.

The child's performance must be seen as reflecting not only the level of ability, but also the level of motivation. Unfortunately, there is no way to single out these variables. Since motivation greatly varies among children, a pure ability interpretation of the performance responses is preferred. However, the therapist can add subjective interpretations regarding motivational factors in the given area on the assessment recording form.

Formulating hypotheses from the assessment data starts with a review and analysis of all data sources, including formal (activities) and informal (observation) assessment results, clinical history, and other available information in the child's records. On the basis of this review, hypotheses can be formulated. This information is then transferred to the assessment recording form. The therapist then uses the form to aid in determining treatment plans and inserts it into the child's permanent records.

Assessment and treatment are inextricably intertwined. Assessment involves a careful interpretation of the child's strengths and weaknesses, a description of the child's temperament and personality, and the

formulation of a description of the current functioning level of the child, and the development of recommendations.

Effective delivery of treatment requires close monitoring of recommendations and interventions. Both short- and long-term follow-up evaluations are important parts of effective treatment beginning with the assessment. An assessment can be used during the duration of music therapy treatment as an initial assessment tool and an evaluation tool for determining a current level of functioning and for comparing current data with the past assessment results. This will enable the therapist to monitor the progress of the client during music therapy treatment.

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

Administering the MTPCA

The MTPCA is an individually administered assessment. There are no time limits for any parts of the MTPCA. Administration takes approximately 45 minutes. The MTPCA is administered in one uninterrupted session.

Before administering the MTPCA, the therapist should be thoroughly familiar with the music activities in the MTPCA and with the recording form. The therapist should not feel compelled to have the music activities committed to memory. It is permissible for the therapist to have a copy of the music in the assessment session. Also, the therapist should take the instructions for the auditory perception (section VI) in the assessment session. This is necessary to insure accuracy in administering the prescribed format for this section. The therapist should mark the child's responses directly on the recording form during the administration of the auditory perception portion of the MTPCA. The remainder of the recording form should be completed after the assessment session. The music activities may be performed with the therapist's choice of accompanying instrument, so as to allow for quality music experiences with the child.

The room should be set up so that there is sufficient space for the child to perform the movement required in the music activities. It is the therapist's option whether to sit in chairs at a table or to sit in the floor for each activity.

It is most important to establish a friendly, relaxed atmosphere for the MTPCA. It is important to encourage children to have fun and to have a positive attitude during testing process, as children are more likely to do their best work in this setting.

Upon entering the room to administer the MTPCA, allow the child to explore the room and instruments. This will help to reduce the distractions that the instruments will cause in the room. After the child has had sufficient time to explore, begin the music activities. Throughout the music activities, continual encouragement should be given to the child to promote optimal performance and participation in the MTPCA. All instructions should be repeated if necessary, allowing the child ample opportunity to respond to requests. Also, verbal and physical prompts are permissible if the child cannot perform a task after the instructions are given or complete a task once it is started.

MTPCA Music Activities:

The tasks for the Auditory Perception Skills (part VI) are designed specifically for the MTPCA. All other music activities in the MTPCA are from Hap Palmer Favorites: Songs for Learning Through Music and Movement (1981) and are used by permission of Hap Palmer.

Needed materials:

Each activity should be accompanied by the therapist's choice of accompanying instrument, i.e., keyboard, guitar, autoharp, or omnichord.

The activities are:

song: "Be My Friend"; rhythm instruments

song: "All the colors of the Rainbow";

color-shape cards

Aural discrimination tasks

rhythm and mallet instruments

song: "Countdown"

song: "Shake Something"

Performance imitation tasks

rhythm and mallet instruments

song: "A Pocket Full of B's"; alphabet cards

song: "Feelings"; faces card

song: "Play Your Sticks"; rhythm instruments

AGGIB

IV

1907

1908

1909

1910

1911

1912

1913

1914

1915

Needed Instruments:

accompanying instrument(s)
metallophone
xylophone
claves
hand drum
jingle bells
maracas (2) (capable of dynamic contrast)
tambourine
triangle
woodblock

Instructions for Activities:Be My Friend

Before starting the song, ask the child his/her name (first and last). Insert the child's name into the song. Sing through the song the first time, having the child stand and clap in the appropriate place. Sample instructions for this are: "Listen to the words and do what the words tell you."

Ask the child to select any rhythm instrument to play and repeat the song, encouraging the child to play the rhythm instrument while singing. Have the child play the instrument throughout the second verse. A good rule is to allow the child to play the instrument only when you are playing the accompanying instrument. Listen for the child's ability to play on the beat and for what rhythms the child uses, i.e. simple, or complex.

"Be My Friend" tests for classroom behavior, communication skills, motor skills, self-concept, and social skills.

"Be My Friend" song lyrics:

First verse: perform as written, inserting the child's names in the blanks.

Second verse:

(Name): _____, _____.

Won't you be my friend?

(Name): _____, _____.

Won't you be my friend?

Won't you come along and join my little song?

All you have to do is play on your _____ (instrument)

Won't you come along and join my little song?

All you have to do is play on your _____ (instrument)



BE MY FRIEND



During each instrumental phrase, the leader sings one or two names of people in the room. Then everyone sings the following phrase: "Won't you be my friend?"

Example: "Bobby, Bobby. Won't you be my friend?"

"Bobby Johnson. Won't you be my friend?"

"David and Rosa. Won't you be my friend?"

Each person stands and claps when his or her name is called. This continues until everyone's name has been sung.



Words and Music by
HAP PALMER

Repeat as many times as desired

A D % D Leader

Name: _____, _____, _____

(D) All Leader A All D

Won't you be my friend? Name: _____, _____, _____ Won't you be my friend?

G D

Won't you come a - long and join my lit - tle song?

A G D

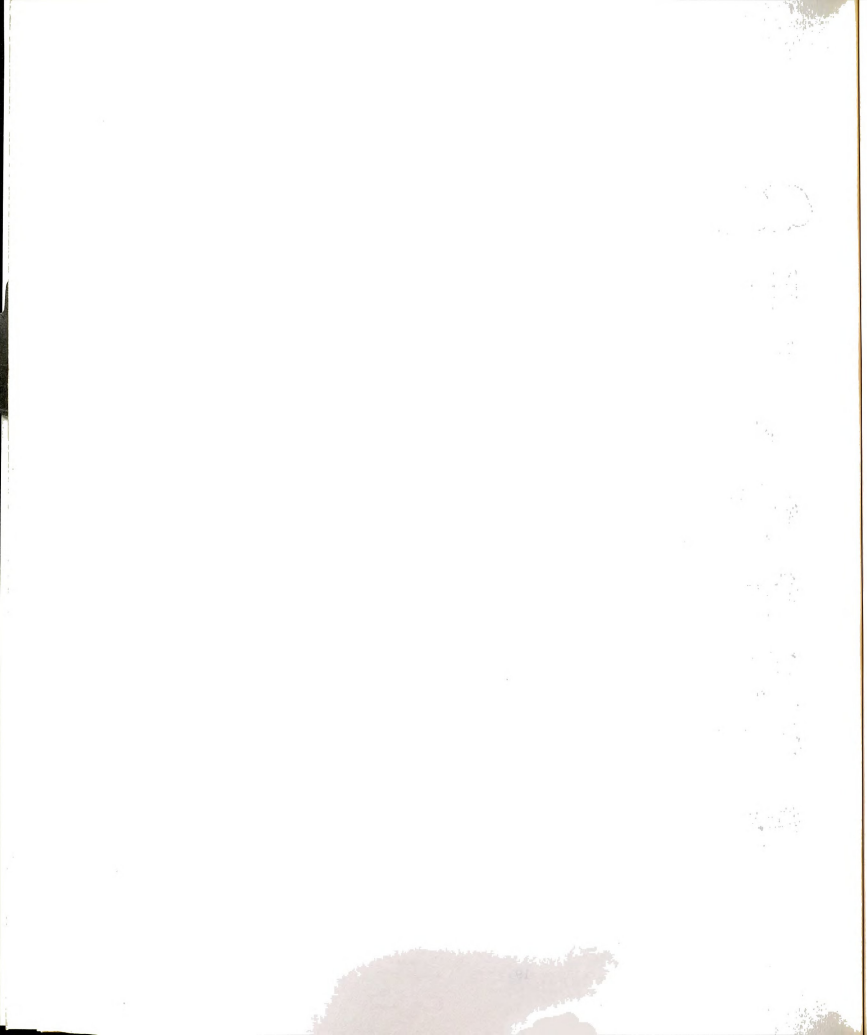
All you have to do is stand and clap your hands.

G D

Won't you come a - long and join my lit - tle song?

A G D D.S. % al Fine

All you have to do is stand and clap your hands. Fine



All the Colors of the Rainbow

Using the color-shapes provided with the MTPCA, sing through this song and have the child determine which color is appropriate during the song. Sing this song as written, performing all verses.

Tape the color-shapes to the wall and have the child go and get the color he/she thinks is appropriate for the color in the song verse, place it on the floor or table, and verbally identify the color and shape chosen. After singing the song, verbally ask the color and shape of those not used during the song. A good time-saver is to have the child get the color-shape during the words "we have all the colors of the rainbow."

The color-shapes provided with the MTPCA are:
black square, blue circle, brown triangle, green square,
orange rectangle, purple heart, red octagon, white diamond,
and yellow star.

"All the Colors of the Rainbow" tests classroom behavior, academic skills, motor skills, and social skills.

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

ALL THE COLORS OF THE RAINBOW

Materials: Color cards—Red, green, yellow, blue, black, white, brown, pink, purple, gray and any other color you can find.

Each person has one color card. This song asks what the colors may be of various things around us. If you have a color that answers the question, stand up. The song is repetitive, so everyone can join in. For instance:

Leader: "What color could a flower be?"

Everyone: "Here's a color that a flower color, stand!"

(those with the appropriate color, stand)

"We have all the colors of the rainbow."



Words and Music by
HAP PALMER

What

col - or could a flow - er be? Here's a col - or that a flow - er but - ter - flies could

be. We have all the col - ors of the rain -

bow. What col - or could a tree be? Here's a

col - or that a tree could be. We have all the

col - ors of the rain - bow. What bow. They're

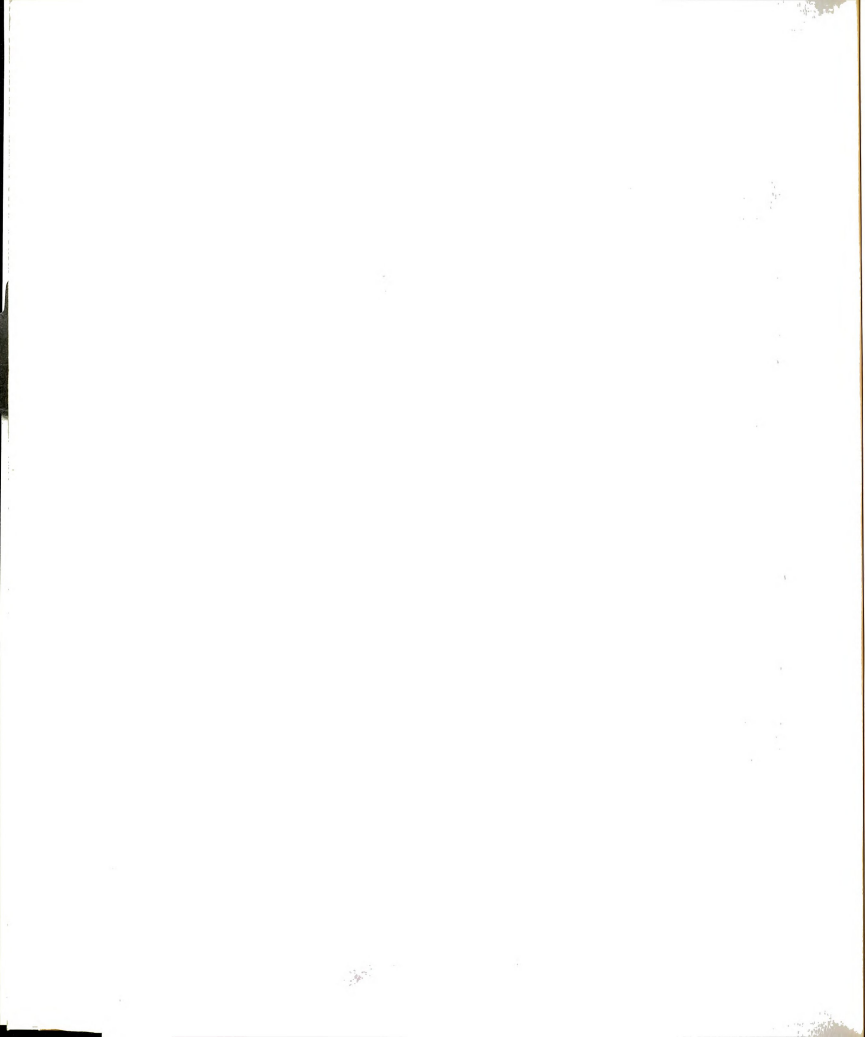
seen on ev - 'ry - one and ev - 'ry - thing; each

one with a spe - cial gift to bring. They

Copyright © 1980 HAP PAL MUSIC, INC.
International Copyright Secured Made in U.S.A. All Rights Reserved

C D G C
 bright-en up the world and make you want to sing. We have
 G D C G
 all the col - ors of the rain - bow.
 (G) D C G *Fine*
 What
 G G7 C
 col - or could a pup - py be? Here's a col - or that a PUP-PY could
 col - or could bird be?
 G (G) D C
 be. We have all the col - ors of the rain -
 G (G) G7
 bow. What col - or could a kit - ty be? Here's a
 ba - by
 C G
 col - or that a kit - ty could be? We have all the
 ba - by
 D C 1. G 2. G *D.S. al Fine*
 col - ors of the rain - bow. What bow. They're

Variations: 1) Answer each question in the song by moving around the room and pointing to something that is the color of a flower, tree, butterfly, sky, etc. 2) You can also do this song two ways. The first time let your answers be the real colors—the colors things “really” are in the world. The second time let your imagination run wild and suggest any color you wish things to be.



Auditory Perception Skills:

This section should be presented as a "game" to the child, rather than as a formal test of aptitude. Seat the child so that he/she cannot see any movement from the various instruments; that is, turn the child away from you. This will help to prevent the child from being able to see what is being played. Be careful that you do not say "that's right, good, etc." or "listen carefully or think before you answer, etc." after attempting an item, as this will indicate to the child whether the responses are right or wrong. If the child asks whether the response is right or wrong, respond that this is a game and it doesn't matter.

Take the prescribed format for these tasks into the assessment room and follow them during the administration of the MTPCA. Record the child's responses on the recording form while administering this section. This is necessary to insure accuracy on the recording form.

It is necessary to break this section into two parts during the administration of the MTPCA. Often, children become restless if they sit without any movement activity for a length of time. Part A, auditory discrimination, sections 1-5 are conducted at this time. Part B, performance imitation tasks, sections 1-5 are performed after the song "Shake Something".

The tasks in the Auditory Perception skills also test for classroom behavior, motor skills, and attention span/compliance.

A sample introduction for this activity may be:

"Let's play a game, you sit here, cover your eyes and don't peek while I play some sounds for you. I want you to tell me whether the second sound is the same or different from the first sound. Let's try one." (Do the example here.) Often, it becomes necessary to remind children not to peek during these tasks. If the child answers the example incorrectly, teach the concept being tested and repeat the example. Continue with the test items after the example is played the second time regardless of whether or not the answer is correct.

For each category use the instructions given and play the instruments, saying: "first sound (play), second sound (play)." Each item may be repeated if the child requests.

A. Identifies Changes/Differences in:

1. Timbre: (have the child tell you if the second sound is the same instrument or different from the first)
Play four quarter notes with each instrument.

example: jingle bells * claves

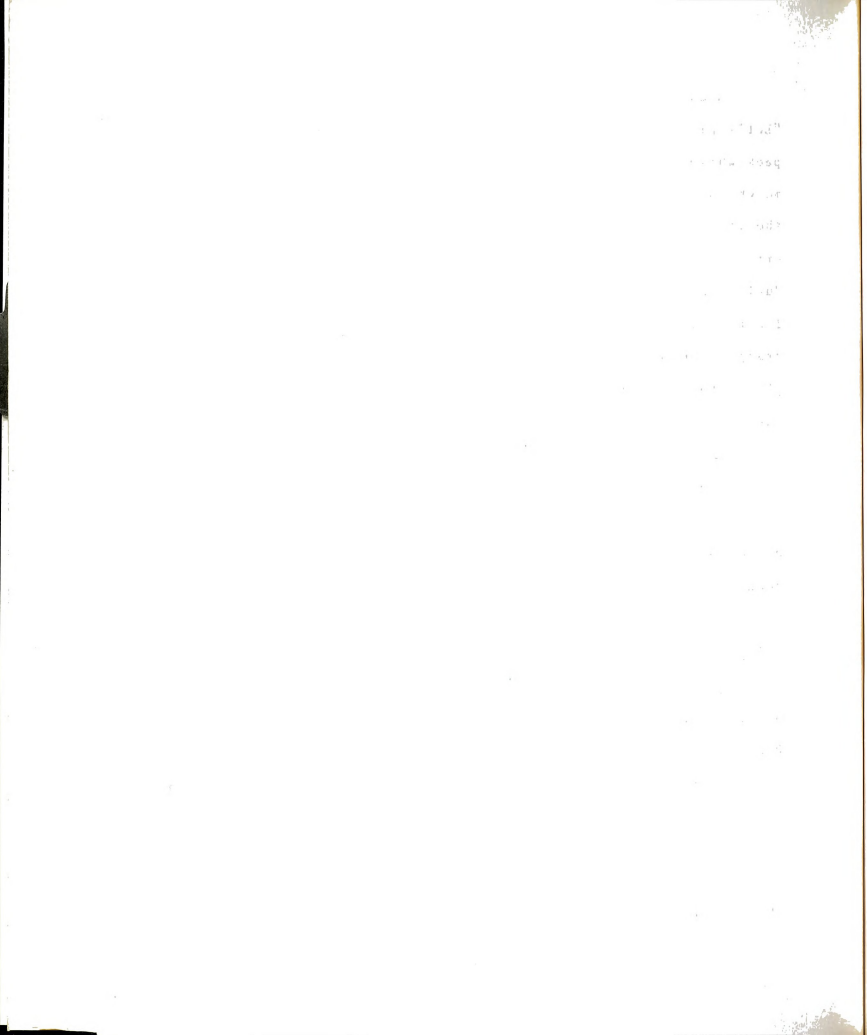
a. triangle * tambourine

b. claves * claves

c. hand drum * woodblock

d. maraca * tambourine

e. jingle bells * jingle bells



2. Dynamics: (playing on the given instrument, have the child tell you if the second sound is softer/louder.)
Play four quarter notes with each instrument.

example: claves: soft * loud

a. hand drum: soft * loud

b. woodblock: loud * soft

c. maraca: soft * loud

d. claves: loud * soft

e. hand drum: loud * soft

3. Pitch: (have the child tell whether the second sound is same/different or higher/lower/same, depending upon the child's level) Use rubber mallets for the xylophone and yarn mallets for the metallophone to get a clearer pitch when striking the instrument. Play each note one time. Be sure to stop the first sound before playing the second sound.

example: metallophone: c * higher a

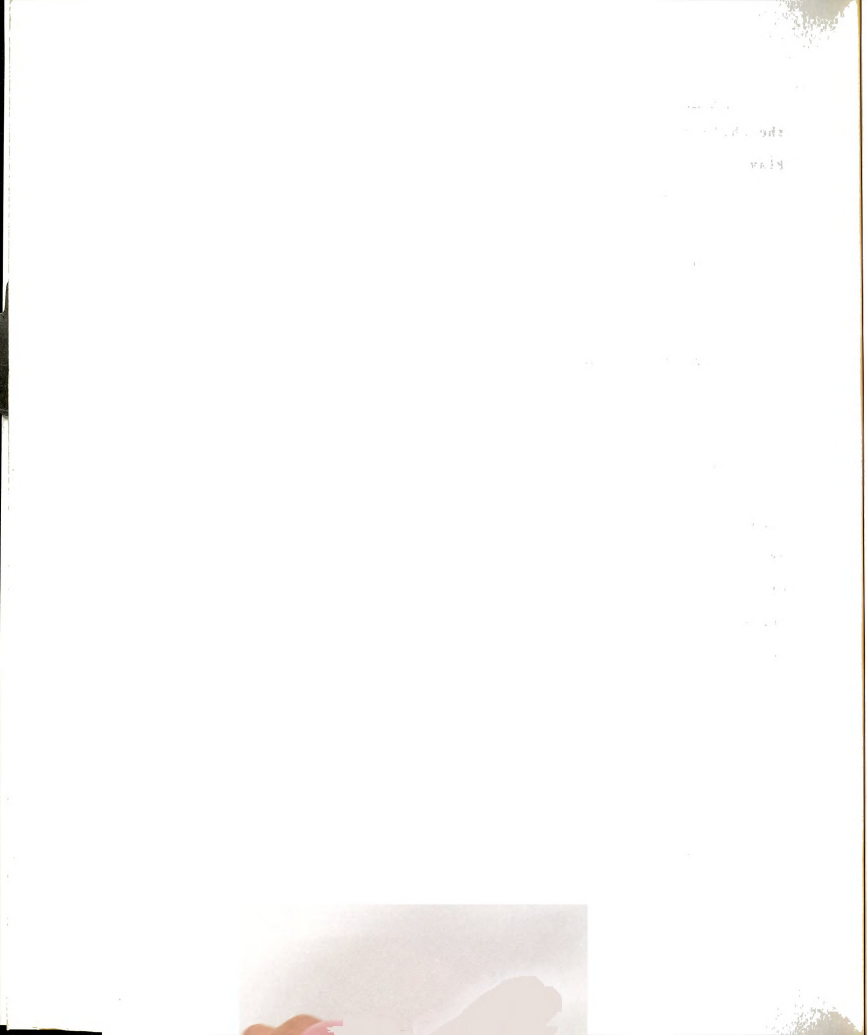
a. metallophone: e * octave higher f

b. metallophone: b * lower d.

c. xylophone: f * lower a

d. xylophone: a * same a

e. metallophone: d * higher f



1000

1000

Countdown

Sing through this song using the format below.

Holding fingers up to help with counting is permissible.

Encourage the child to sing along during this song. It may be necessary to explain to the child that a countdown is the same as counting backwards.

"Countdown" tests for basic concepts and speech.

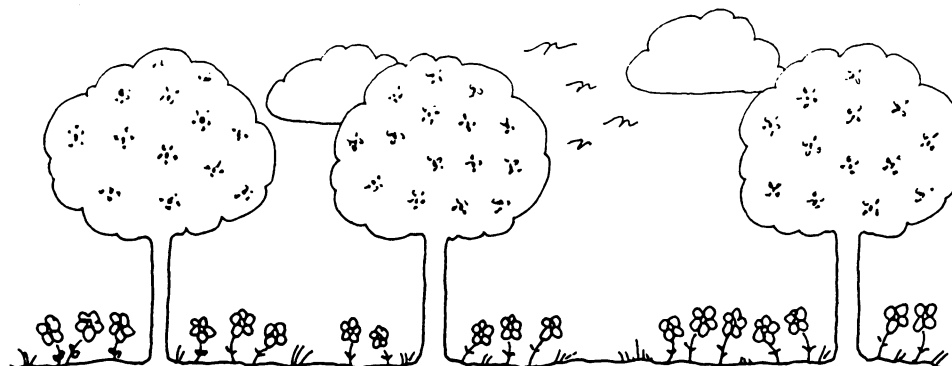
Song lyrics:

Verse 1:

We're doin' a count-up, we're doin' a count-up
We're doin' a count-up from zero.
We know what we say and we say what we know,
and we know we can count up from zero.
(Stop singing and have the child rote count up from zero to 20, or as much as possible. Then sing the numbers using a G-E ostinato.)

Verse 2:

We're doin' a count-down, we're doin' a count-down
We're doin' a count-down to zero.
We know what we say and we say what we know,
and we know we can count down to zero.
(Stop singing and have the child rote count down from 10 or 20, depending upon the child's level. Then sing the numbers using a G-E ostinato.)

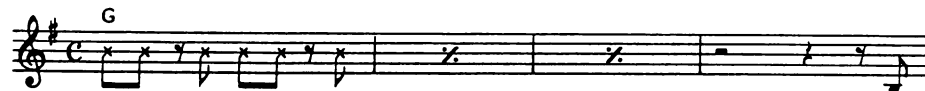


COUNTDOWN

Materials: Number cards.

Words and Music by
HAP PALMER

Cha-cha beat
Intro



We're



Copyright © 1971, 1976 HAP-PAL MUSIC, INC.
International Copyright Secured Made in U.S.A. All Rights Reserved

C

Ze-ro, one, two, three, four, five, Ten, nine, eight, sev-en, six, five,

C D

six, four, seven, three, eight, two, nine, one, ten, ze-ro, Yea! We're

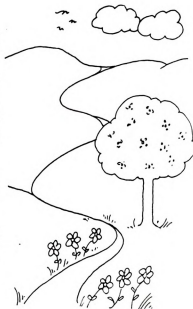
(D) G7 C7

Count-down! Repeat and Fade

Yay! We're do-in' a count-down, We're do-in' a count-

There are many ways to use this song. Here are a few examples:

1. Everyone has a number card. When your number is called during the "count-up," hold your card up. When your number is called during the "countdown," put your card down.
2. You can do this by yourself with a complete set of number cards, 1-10. Hold up and put down the correct numbers as they're called.
3. With a partner: Lay the number cards in a vertical line on the floor, 0 on the bottom and 10 at the top. One person stands to the left of the zero, the other on the right of the zero. When each number is called, walk up the line and stand by the number. Take turns, or walk together.
4. Hold up body parts: One part when the "1" is called; two parts when the number "2" is called, and so on, until you're holding up ten parts!!! (Example—2 elbows; 3 fingers; 2 knees; 2 feet and your head.) Put the parts down, one by one, during the countdown.
5. Put the numbers, 1-10, in a horizontal line on the floor, one foot apart. Set a hurdle parallel with the number line at a distance. One person stands behind each number, facing the hurdle. When your number is called, run and jump over the hurdle, then run back and stand behind your number.



Shake Something

Have the child stand in an area free from obstacles. Instruct the child to "Listen to the song and move your body however the words say to."

Sing through the song as written. While you sing through this song, have the child perform the movements specified in the lyrics. Ask the child what body part he/she is moving during the song. Be sure to allow ample time for the child to perform the requested task. If necessary, repeat the task in the song before going on to the next task in the verse. If the child does not respond to the request, vamp and cue the desired movement before going on to the next line of the song.

After the song, ask the child to point to body parts not mentioned during the song, such as waist, wrist, and ankle.

"Shake Something" tests classroom behavior and motor skills.



SHAKE SOMETHING

You can solve these challenges sitting down or moving freely around the room.

Words and Music by
HAP PALMER

Dm Dm

1. Can you make some-thing go —
2. Can you find some-thing that can

(Dm)

up and down? — bend and un - bend? Can you Can you

Dm (Dm)

make some-thing else — go — up and down? — bends?
find some-thing else — that — bends and un — bends?

G7

Oh — can you make some-thing go — 'round and 'round?
Oh — can you find some-thing that — you can twist?

(G7) Dm

Can you make' some-thing else — go —
Can you find some-thing else — that —

(Dm)

'round and 'round? }
you can twist? }

Can you

Copyright © 1976 HAP-PAL MUSIC, INC.
International Copyright Secured Made in U.S.A. All Rights Reserved

F G7 A7 Dm G A

shake some-thing, shake some-thing, shake it all a - bout

Dm (Dm)

3. Can you make some-thing go back and forth?

(Dm) (Dm)

Can you make some-thing go side to side? Oh,

G7 (G7)

can you make some-thing go ver - y fast? And

Dm (Dm)

can you make some-thing go ver - y slow - ly? Can you

F G A Dm G A Dm

shake some-thing, shake some-thing, shake it all a - bout

Here's an interesting variation you can do with a partner—one person sit and one person lie down. If you're lying down, just relax and do nothing. If you're sitting, try the following:

1. Find a part of your partner's body that you can make go up and down, and make it go up and down.
2. Find a body part that you can gently twist.
3. Can you shake something—any part you want to shake?
4. Now try these with the music.

Performance Imitation Tasks

B. Imitation: You may repeat the item for the child; however, once the child has made a response, go on to the next item. Perform the items on the medium specified and have the child repeat it. A good approach for this is to say "my turn", play the task, then "your turn" and the child plays the task.

The imitation tasks also test for fine motor skills, social skills, self-concept, and classroom behavior.

1. Single pitches: Play the note on keyboard and sing the pitch on "la". Have the child sing the pitch on "la". The child may also play the note on the keyboard, as you did before singing the pitch. The pitches should be modeled within your singing range.

example: e (above middle c)

a. g (below middle c)

b. f (above middle c)

c. a (below middle c)

d. g (one and a half octaves above middle c)

e. middle c

2. Simple phrases (melodies): Play on keyboard or sing. Have the child play or sing; use the syllable "la" for singing.

example: (sing) example: sing a. sing b. keyboard

a. (sing)

b. (keyboard)

c. (keyboard)

d. (sing)

e. (sing)

3. Simple rhythms: Play on hand drum or clap.

example: drum: ♩ ♩ ♩ ♩

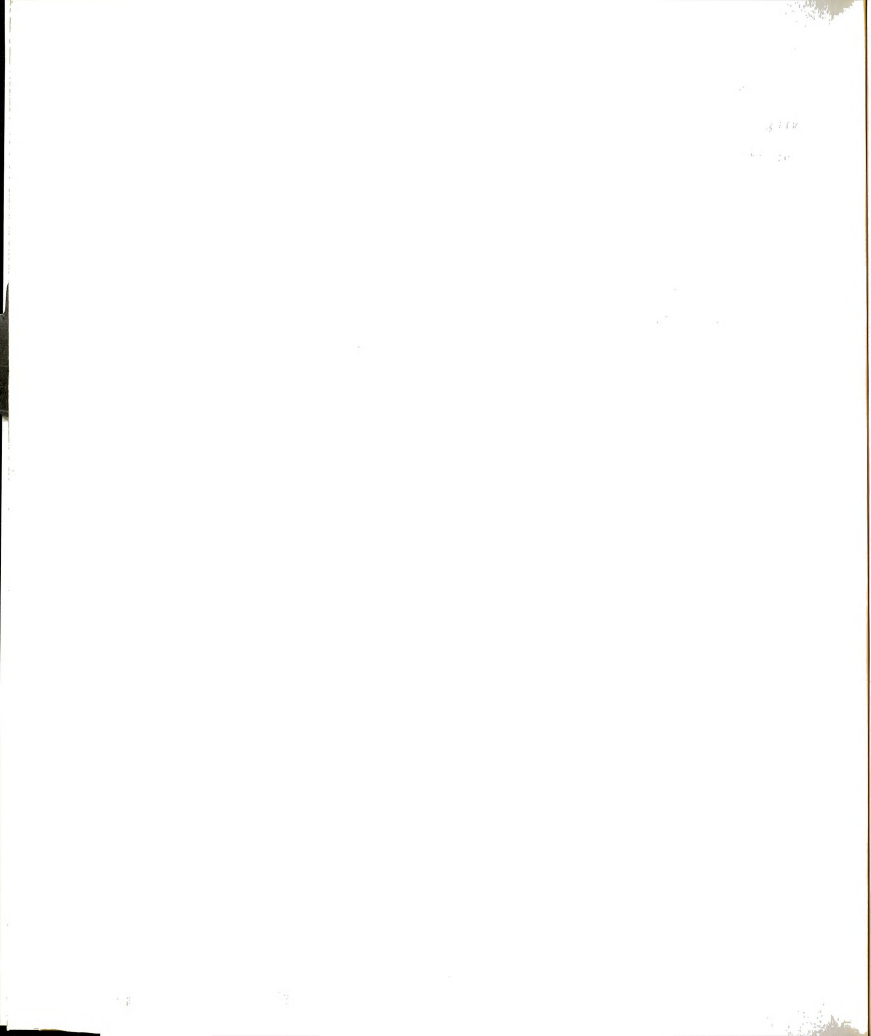
a. drum: ♩ ♩ ♩ ♩

b. clap: ♩ ♩ ♩ ♩

c. drum: ♩ ♩ ♩ ♩

d. clap: ♩ ♩ ♩

e. drum: ♩ ♩ ♩



4. Dynamic levels: Sing or play on the specified instrument and with the given dynamic level. Instructions: "Let's play some soft or loud sounds. My turn...Your turn..."

example: soft: drum

a. soft: woodblock


b. soft: metallophone


c. loud: sing

d. loud: drum


e. soft: claves


5. Different tempos: Play on the specified instrument. Instructions: "Let's play something slow or fast, you play exactly what I play. My turn...Your turn..."


example: drum: slow 

a. drum: fast 

b. xylophone: slow C ↑ G C ↑ G

c. triangle: slow 

d. claves: fast 

e. drum: fast 

10/1/1931

10/1/1931

10/1/1931

10/1/1931

10/1/1931

10/1/1931

10/1/1931

10/1/1931

Feelings

Sing through this song using the lyrics below.

After singing this song, ask the child to identify what emotions are on the faces card. You may also want to have the child make up a situation for a feeling corresponding to a feeling on the faces card.

"Feelings" tests for affective characteristics, classroom behavior, and speech.

Song lyrics:

Sometimes I'm feelin' happy and I'm wearin' a smile;
Show me how you look, when you're feelin' happy.
Sometimes I'm feelin' happy and I'm wearin' a smile;
Tell me about a time, when you feel happy.

Sometimes I'm feelin' sad and I'm wearin' a frown;
Show me how you look, when you're feelin' sad.
Sometimes I'm feelin' sad and I'm wearin' a frown;
Tell me about a time, when you feel sad.

Some feelings don't always stay the same, they can change.
Sometimes I'm happy, sometimes I'm sad,
It's o.k. It's not bad.

Sometimes I'm feelin' angry and I stamp my feet;
Show me how you look, when you're feelin' angry.
Sometimes I'm feelin' angry and I stamp my feet;
Tell me about a time, when you feel angry.

Sometimes I'm feelin' sleepy and I have to yawn;
Show me how you look, when you're feelin' sleepy.
Sometimes I'm feelin' sleepy and I have to yawn;
Tell me about a time, when you feel sleepy.

Some feelings don't always stay the same, they can change.
Sometimes I'm happy, sometimes I'm sad,
It's o.k. It's not bad.

Sometimes I'm feelin' funny and I have to laugh;
Show me how you look, when you're feelin' funny.
Sometimes I'm feelin' funny and I have to laugh;
Tell me about a time, when you feel funny.



FEELINGS



Materials (optional): Paper and either pencils, chalk or crayons.
 Make faces and act out the emotions named in each verse. Draw faces to illustrate each emotion. Hold them up as they are named in the song.

Rock rhythm
D

Verse
D

Words and Music by
HAP PALMER

Some - times I'm feel-in' } hap - py, and I'm
 sad }

(D) A7 D
 wear - in' a { smile; } let me show you how I look when I'm feel - in' { hap - py. }
 { frown; } sad. }

(D) G D A D
 Some - Oh,

Chorus
G

feel - ings don't al - ways stay the same, they can

D G
 change. Some - times. I'm hap - py, some -

D A
 times I'm sad. It's o. k. it's not bad. Some -

Verse

D



(D)

A7

D



(D)

G

D

A

D



Chorus

G



D

G



times I'm

sad. ___

It's o. k., ___

it's not

bad. Some -



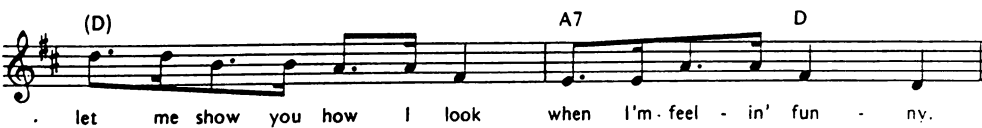
D



(D)

A7

D



(D)

G

D

A

D



A Pocket Full of B's

While preparing to sing this song, ask the child to say the entire alphabet.

Sing this song without accompaniment. Sing the lyrics below and use the alphabet cards for visual aid. Go through as many of the alphabet cards as possible.

"A Pocket Full of B's" tests basic concepts and speech.

Song lyrics:

Got a pocket full of ____ (letter) (show letter card),
 a pocket full of ____ (letter)
 I mean the alphabet, the letter ____ you get from the
 alphabet.
 It's a sound you've heard that makes the words
 like ____ (show picture card),
 like ____ (show picture card),
 like ____ (show picture card),
 like ____ (show picture card).
 I got a pocket full of ____ (letter).

Repeat this sequence for each letter of the alphabet that you use in the assessment.

A B O C C A B

W H

1911 1912 1913

1914 1915 1916

1917 1918 1919

1920 1921 1922

1923 1924 1925

1926 1927 1928

1929 1930 1931

1932 1933 1934

1935 1936 1937

1938 1939 1940

1941 1942 1943

1944 1945 1946

1947 1948 1949

1950 1951 1952

1953 1954 1955

A POCKET FULL OF B'S

Each verse of this song features a different letter. Each time a word beginning with that letter is sung, pull an imaginary letter out of your pocket and say the word you heard.

Variation: Each time a letter word is sung ("Like ball . . ."), say a different word that begins with the same letter.



Fast and lively

Words and Music by
HAP PALMER

G G6 Gmaj7 G6 G G6 Gmaj7 G6

1. Got a

G B7 E7

pock-et full of B's. a pock-et full of B's. Spoken: A pock-et full of bees like the

(E7) A7 D7

kind that sting? No, I mean the al - pha - bet, the let - ter

G E7 A7

"B" you get from the al - pha - bet. It's a sound you've heard that

D7 G B7

makes the words, like: ball, ball, like boat,

E7 A7

boat, like blue, blue, like ba - by,

Am D7 G E7

ba - by. I got a pock - et full of B's. Woo!

A7 D7 G Fine G6 Gmaj7 G6

I got a pock - et full of B's. 2. Got a

To Verses 2-6

Copyright © 1980 HAP PAL MUSIC, INC.
International Copyright Secured Made in U.S.A. All Rights Reserved

Play Your Sticks

Sing through this song, allowing the child to choose which instrument to play. Ask the child to sing along with you as he/she plays the instrument. During the song, ask the child to play along with your beat. If the child chooses a melodic instrument, such as piano or xylophone, then play a rhythm instrument.

You may repeat the song, having the child play a different instrument if time permits.

"Play Your Sticks" tests for motor coordination, social skills, and classroom behavior.

Page 10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

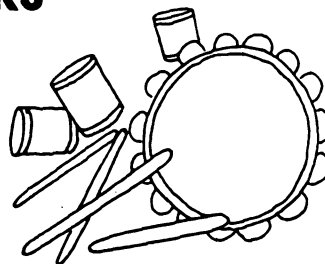
10-10-10

PLAY YOUR STICKS

Materials/Rhythm Instruments: Sticks, shakers, blocks, tambourines, bolts.

This is based on a folk song called "CLAP YOUR HANDS," which I learned from the students at Wilsie School in Braxton County, West Virginia.

You're going to play by groups, starting with the sticks and continuing on four more times, finishing with bolts. When it's time to collect the instruments, change the lyric to "Bring, bring, bring your sticks." Then bring your instruments up and put them away by groups, which eliminates the chaos of everyone coming up at once.



Words and Music by
HAP PALMER

D A7
 Play, play, play your {sticks, shak - ers, }
 Play your tam - bou - rines, { blocks } play them all to - geth - er.
 Play, play, play your bolts, { }

D A7 D
 Play, play, play your {sticks, shak - ers, }
 Play your tam - bou - rines, { blocks } play them all to - geth - er.
 Play, play, play your bolts, { }

(D) A7
 Play, play ev - 'ry - one, ev - 'ry - one to - geth - er.

D A7 D
 Play, play ev - 'ry - one, ev - 'ry - one to - geth - er.

(D) A7
 Play, play ev - 'ry - one, ev - 'ry - one to - geth - er.

D A7 D
 Play, play ev - 'ry - one, ev - 'ry - one to - geth - er.

Copyright © 1972, 1976 HAP-PAL MUSIC, INC.
International Copyright Secured Made in U.S.A. All Rights Reserved

Recording the MTPCA

The preparation and writing of the assessment report are integral parts of the assessment process. A child who is assessed deserves to have a report that clearly and concisely expresses your findings and recommendations. The content and organization of the report should be examined just as carefully as the assessment is conducted. A good clinical report does not merely record test performance. Rather, it brings together test performance, behavioral observations, case history information, other assessment findings, and significant temperament and personality variables in the context of the child's behavior during the assessment process. The report presents the material you have learned about the child in a manner that shows respect for the child's individuality. This respect for individuality should permeate the entire assessment process; that is, the child should be viewed as an individual and not simply as a stimulus for gathering statistics.

When formulating the assessment results, the circumstances under which the assessment took place must be considered; such as the limited opportunities for observation and interaction. Specific examples should be used to illustrate not only qualitative characteristics of the child's performance, but also clinical interpretations. Recommendations should be made with an appreciation of the needs and values of the child.

Revised 1/1/78

Page 1 of 1

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

1/1/78

Although you should strive for objectivity and accuracy in writing the assessment report, it is important to recognize that no report can be completely objective. Every report has elements of subjectivity. You choose which words to use to describe the child and which behaviors to highlight. Recognizing that your personal viewpoints are part of any report may help to reduce the influence of any biased views that are present.

The MTPCA report should be written as soon as possible after the assessment has been completed, to ensure that important details are not forgotten.

INDEX

A-100

A-100

A-100

A-100

A-100

A-100

A-100

A-100

A-100

A-100

Using the MTPCA Recording Form

The following pages in this manual contain the test items in the order they appear in the MTPCA Recording Form. A copy of the MTPCA Recording Form is on pages 47-52.

Most of the items of the MTPCA are defined in terms of the child's behavior, although some of the items are defined in terms of how you complete the MTPCA Recording Form. Based on the child's responses during the MTPCA and other relevant known information about this child, the therapist should check the corresponding answer for each item observed. Except where noted, the recording form uses scaled responses from the therapist. The scaled responses are "never": occurring none at all, "rarely": seldom occurring, "sometimes": occurring now and then, "frequently": occurring more times than not, and "always": occurring on every occasion. Where there is no scaled response, check-off the correct responses or write in the necessary information. For items that are not applicable to this child, write N/A in the left column next to the test item. If the item may be applicable to this child, but was not observed during this assessment session, write N/O in the left column beside that item.

Several of the items have a space to check if prompting was needed for the child to attempt that behavior or skill. For the purpose of the MTPCA, prompting is defined as (a) repeating the directions or requests, (b) giving

verbal assistance or more detailed instructions, and
(c) giving physical cues, as in modeling the task or
physically assisting the child. If prompting is needed for
these items, check the appropriate space. Please note that
prompting is not part of the scaled response.

All sections of the MTPCA Recording Form include an
"other" category. If there is any behavior or response for
this child that is relevant to his/her treatment planning
and it is not listed in the recording form, add it in the
appropriate section.

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

MUSIC THERAPY PROFILE OF CHILDREN'S ABILITIES

Recording Form

Name: _____ DOB: _____ Age: _____

Diagnosis: _____

Assessment Date: _____ Implemented By: _____

I. Academic Skills

A. Classroom Behavior

1. Sits in assigned area _____ never _____ rarely _____ sometimes _____ frequently _____ always
 needs prompting
2. Does not interrupt others _____ never _____ rarely _____ sometimes _____ frequently _____ always
 needs prompting
3. Attends to task _____ never _____ rarely _____ sometimes _____ frequently _____ always
 needs prompting
4. Follows directions _____ never _____ rarely _____ sometimes _____ frequently _____ always
 needs prompting
5. Completes task independently _____ never _____ rarely _____ sometimes _____ frequently _____ always
 needs prompting
6. Other: _____ never _____ rarely _____ sometimes _____ frequently _____ always
 needs prompting

B. Basic Concepts

1. Color identification: _____ black _____ blue _____ brown _____ green _____ orange
 _____ purple _____ red _____ white _____ yellow
2. Shapes identification: _____ square _____ circle _____ triangle _____ diamond
 _____ rectangle _____ star _____ heart _____ octagon
3. Counting, numbers concept counts up _____ to _____
 counts down _____ to _____
4. Alphabet, letters concept _____ says alphabet _____ identifies individual letters
5. Identifies body parts: _____ verbally _____ nonverbally
6. Other: _____

II. Communication Skills

A. Pre-Verbal Expression

1. Makes vocal sounds (list) _____
2. Imitates syllables (list) _____
3. Vocalizes sequence of sounds (list) _____
4. Other: _____

MTPCA Recording Form - 2

B. Receptive Language

1. Attends to message/
instructions never rarely sometimes frequently always
2. Makes eye contact
during conversation never rarely sometimes frequently always
3. Responds to message/
instructions verbally: never rarely sometimes frequently always
physically: never rarely sometimes frequently always
 needs prompting
4. Other: _____ never rarely sometimes frequently always

C. Expressive Language

1. Expresses simple ideas verbally: never rarely sometimes frequently always
nonverbally: never rarely sometimes frequently always
2. Expresses feelings verbally: never rarely sometimes frequently always
nonverbally: never rarely sometimes frequently always
3. Expresses wants/needs verbally: never rarely sometimes frequently always
nonverbally: never rarely sometimes frequently always
4. Expresses with feeling verbally: never rarely sometimes frequently always
nonverbally: never rarely sometimes frequently always
5. Other: _____ never rarely sometimes frequently always

D. Vocabulary

1. Verbalizes names of objects never rarely sometimes frequently always
2. Uses verbs/action words never rarely sometimes frequently always
3. Speaks in 1-2 word phrases never rarely sometimes frequently always
4. Speaks in sentences simple sentences: never rarely sometimes frequently always
complex sentences: never rarely sometimes frequently always
5. Other: _____ never rarely sometimes frequently always

E. Articulation (note areas of deficiency)

1. Vowels _____
2. Consonants _____
3. Letter combinations _____
4. Other: _____

III. Motor Skills

MTPCA Recording Form - 3

A. Gross Motor Skills

1. Beats a steady beat with an instrument:
 ___ never ___ rarely ___ sometimes ___ frequently ___ always
 other (i.e. clapping, patting):
 ___ never ___ rarely ___ sometimes ___ frequently ___ always
2. Claps hands consistent with good sound production:
 ___ never ___ rarely ___ sometimes ___ frequently ___ always
3. Completes motor sequences
 ___ needs prompting ___ never ___ rarely ___ sometimes ___ frequently ___ always
4. Ambulates smoothly
 if not, describe: ___ never ___ rarely ___ sometimes ___ frequently ___ always
5. Other: ___ never ___ rarely ___ sometimes ___ frequently ___ always

B. Fine Motor Skills

1. Grasps with: right hand: ___ never ___ rarely ___ sometimes ___ frequently ___ always
 left hand: ___ never ___ rarely ___ sometimes ___ frequently ___ always
2. Uses 2 hands independently;
 favors ___ side ___ never ___ rarely ___ sometimes ___ frequently ___ always
3. Eye-hand coordination;
 well-demonstrated ___ never ___ rarely ___ sometimes ___ frequently ___ always
4. Uses independent finger
 movement ___ never ___ rarely ___ sometimes ___ frequently ___ always
5. Other: ___ never ___ rarely ___ sometimes ___ frequently ___ always

IV. Affective Characteristics

A. Self-Concept

1. Makes positive comments
 about self ___ never ___ rarely ___ sometimes ___ frequently ___ always
 ___ needs prompting
2. Displays pride in work verbally: ___ never ___ rarely ___ sometimes ___ frequently ___ always
 nonverbally: ___ never ___ rarely ___ sometimes ___ frequently ___ always
3. Perseveres at difficult
 tasks ___ never ___ rarely ___ sometimes ___ frequently ___ always
 ___ needs prompting
4. Gives personal identification ___ says name, first and last
 other: ___ never ___ rarely ___ sometimes ___ frequently ___ always
5. Maintains eye contact ___ never ___ rarely ___ sometimes ___ frequently ___ always
 ___ needs prompting
6. Exhibits healthy grooming
 habits/appearance ___ never ___ rarely ___ sometimes ___ frequently ___ always
7. Other: ___ never ___ rarely ___ sometimes ___ frequently ___ always

MTPCA Recording Form - 4

B. Emotions

1. Actively responds with physical &/or facial affect ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always
2. Expresses appropriate emotions

verbally:	<input type="checkbox"/> never	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> frequently	<input type="checkbox"/> always
nonverbally:	<input type="checkbox"/> never	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> frequently	<input type="checkbox"/> always
3. Identifies emotions ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always
4. Identifies situations/examples of different emotions ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always
List which ones: _____
5. Other: _____ ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

V. Social Skills

A. Interaction

1. Communicates in appropriate manner

verbally:	<input type="checkbox"/> never	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> frequently	<input type="checkbox"/> always
nonverbally:	<input type="checkbox"/> never	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> frequently	<input type="checkbox"/> always
2. Initiates interaction ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always
3. Takes turns and shares ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always
 needs prompting
4. Interacts appropriately

verbally:	<input type="checkbox"/> never	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> frequently	<input type="checkbox"/> always
nonverbally:	<input type="checkbox"/> never	<input type="checkbox"/> rarely	<input type="checkbox"/> sometimes	<input type="checkbox"/> frequently	<input type="checkbox"/> always
5. Other: _____ ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

B. Attention Span/Compliance

1. Responds when name is called ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always
2. Responds to defined limits ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always
3. Accepts help from others ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always
4. Offers help to others ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always
5. Asks for help when needed ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always
6. Participates appropriately ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always
7. Other: _____ ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

VI. Auditory Perception Skills

A. Identifies Changes/Differences in: (answers: correct = +, wrong = 0, no response = NR)

1. Timbre a___ b___ c___ d___ e___
2. Dynamics a___ b___ c___ d___ e___
3. Pitch a___ b___ c___ d___ e___
4. Rhythm a___ b___ c___ d___ e___
5. Tempo a___ b___ c___ d___ e___

B. Imitation

1. Single pitches a___ b___ c___ d___ e___
2. Simple phrases (melodies) a___ b___ c___ d___ e___
3. Simple rhythms a___ b___ c___ d___ e___
4. Dynamic levels a___ b___ c___ d___ e___
5. Different tempos a___ b___ c___ d___ e___
6. Other: _____

VII. Musical Preferences

A. Instruments

B. Styles

VIII. Activities/Instruments used in the assessment

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

1A

IX. Assessment Summary

MTPCA Recording Form - 6

X. Recommendations

Identifying Information

The first part of the report presents relevant identifying information.

-Name: child's full name, include the nickname in parenthesis

Note: For the purpose of the MTPCA research, do not write the child's name, instead write the child's identification number.

-DOB: date of birth

-Age: current age

-Diagnosis: diagnosis or problem areas

-Assessment Date: date assessment is implemented

-Implemented By: therapist's signature

I. Academic Skills

A. Classroom Behavior

1. Sits in assigned area: Stays where requested; does not move around to other areas in the room.

2. Does not interrupt others: Does not stop someone in an inappropriate moment; makes comments, questions, or actions at appropriate times.

3. Attends to task: Works on or completes task without interruptions, such as initiating off-task conversations or moving around the room.

4. Follows directions: Complies with an instruction or a series of instructions.

Identifying

The

Location

of

the

Building

is

the

same

as

the

one

at

the

same

place

as

the

one

at

the

same

place

as

the

one

at

the

same

place

as

5. Completes task independently: Performs requested task without needing reminders or physical assistance, initiates requests for help to complete tasks if needed.

6. Other: Fill in with relevant information, if needed.

B. Basic Concepts

This section may be completed during the assessment session to ensure accuracy.

1. Color identification: Check-off the colors the child correctly identifies, either verbally or physically (such as pointing to the color).

2. Shapes identification: Check-off the shapes the child correctly identifies, either verbally or physically (such as pointing to the shape). If the octagon is identified as a "stop sign", it may be counted as correctly identified.

3. Counting, numbers concept: Write the numbers the child can correctly count up and down, to and from.

4. Alphabet, letters concept: Check-off whether the child can a) say the alphabet and b) identify individual letters in the alphabet.

5. Identifies body parts: Indicate whether the child correctly identifies specific body parts, and whether he/she does this verbally and/or nonverbally.

6. Other: Fill in with relevant information, if needed.

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2) = 12$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2) = 12$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

$$x = m(x_1, x_2)$$

II. Communication Skills

A. Pre-Verbal Expression: This section is for the nonverbal child, the verbal child fits this category if he/she makes overt pre-verbal sounds. For the verbal child who does not fit this category, mark each item N/A.

1. Makes vocal sounds: Describe any vocal sounds made by the child.

2. Imitates syllables: List which syllables are vocally copied or produced.

3. Vocalizes sequence of sounds: Describe any sequences of sounds that are initiated.

4. Other: Fill in with relevant information, if needed.

B. Receptive Language

1. Attends to message/instructions: Seems to listen to instructions or other information being given; this can be indicated by eye-contact or change in affect.

2. Makes eye-contact during conversation: Looks at the speaker, eye-to-eye, during conversation; this does not need to occur 100% of the time during conversations.

3. Responds to message/instructions: Reacts or begins to perform requested task once the request is given. If the request must be given more than once before response begins, prompting is required.

4. Other: Fill in with relevant information, if needed.

C. Expressive Language: If the child is nonverbal, this category is still relevant, as each item measures both verbal and nonverbal communication. For the nonverbal child, mark N/A to the left of the scaled verbal responses. "Verbally" is defined as using intelligible words, (single words, phrases or sentences) to communicate. "Nonverbally" is defined as using gestures or facial affect to communicate.

1. Expresses simple ideas: Communicates beliefs, opinions, or thoughts.

2. Expresses feelings: Communicates relevant emotions or sensations.

3. Expresses wants/needs: Communicates personal desires or necessities.

4. Expresses with feeling: verbally: uses appropriate inflections, such as going down in pitch at the end of sentences or up for questions, and speaking in an appropriate tone of voice to depict emotions or feelings.

nonverbally: uses appropriate gestures and facial affect in communication.

5. Other: Fill in with relevant information, if needed.

A. 1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

D. Vocabulary: This section applies to verbal children. For nonverbal children, mark N/A in the left column.

1. Verbalizes names of objects: Initiates the verbalizing of objects' names.

2. Uses verbs/actions words: Communicates with verbs or action words, that is, words that imply motion or the occurrence of something.

3. Speaks in 1-2 word phrases: Uses only 1 or 2 words to communicate ideas, feelings, and needs.

4. Speaks in sentences: simple sentences: short sentences that contain only nouns and verbs, some use of adjectives.

complex sentences: sentences that contain nouns, verbs, adjectives, adverbs, and other descriptive language techniques.

5. Other: Fill in with relevant information, if needed.

E. Articulation: This category is not relevant for nonverbal children. Some verbal children may not have speech deficits, so this category also does not apply to them. Mark N/A in the left column for these children. This section may be completed during the assessment session to ensure accuracy.

1. Vowels: The vowels are: a e i o u and sometimes y. List the ones the child has difficulty in pronouncing.

0.000000

1997

1997

100

2. Consonants: The consonants are: b c d f g h j k l m n p q r s t v w x y z. List those letters that are deficient in the child's speech.

3. Letter combinations: This is any vowel and/or consonant combination. List those that are deficient in the child's speech.

4. Other: Fill in with relevant information, if needed.

III. Motor Skills

A. Gross Motor Skills

1. Beats a steady beat: with an instrument: Able to produce a consistent beat, regardless of tempo, with an instrument.

other: Able to produce a consistent beat, regardless of tempo, with body percussion, such as clapping or patting.

2. Claps hands: consistent with good sound production: Able to clap hands consistently with a clear sound.

3. Completes motor sequences: Able to execute a sequence of movements, such as walking or jumping.

4. Ambulates smoothly: Performs gross motor movements in a smooth, flowing, non-jerking fashion. If this is a deficit, describe the area of deficiency.

1903. 12. 12

2. 1. 11

3. 1. 11

4. 1. 11

5. 1. 11

6. 1. 11

7. 1. 11

8. 1. 11

9. 1. 11

10. 1. 11

11. 1. 11

12. 1. 11

13. 1. 11

14. 1. 11

15. 1. 11

16. 1. 11

17. 1. 11

18. 1. 11

19. 1. 11

20. 1. 11

21. 1. 11

22. 1. 11

23. 1. 11

24. 1. 11

25. 1. 11

26. 1. 11

27. 1. 11

28. 1. 11

29. 1. 11

30. 1. 11

5. Other: Fill in with relevant information, if needed.

B. Fine Motor Skills

1. Grasps with: right hand: Indicate the frequency of the grasps with the right hand.

left hand: Indicate the frequency of the grasps with the left hand.

2. Uses 2 hands independently: Able to use one hand in contrary motion to the other. Favors _____ side: Fill in the blank with: right, left, or neither, according to the child's responses. This can be measured by having the child pick up a flat guitar pick. Note which hand the child uses and how well he/she performs this task.

3. Eye-hand coordination; well-demonstrated: Indicate the frequency of well-performed eye-hand coordination tasks, such as picking up specified objects or playing an instrument.

4. Uses independent finger movement: Performs with individual fingers for fine motor coordinated tasks.

5. Other: Fill in with relevant information, if needed.

27. 10. 19

28. 10. 19

29. 10. 19

30. 10. 19

31. 10. 19

1. 11. 19

2. 11. 19

3. 11. 19

4. 11. 19

5. 11. 19

6. 11. 19

7. 11. 19

8. 11. 19

9. 11. 19

10. 11. 19

11. 11. 19

12. 11. 19

13. 11. 19

14. 11. 19

15. 11. 19

16. 11. 19

17. 11. 19

18. 11. 19

19. 11. 19

20. 11. 19

21. 11. 19

22. 11. 19

23. 11. 19

IV. Affective

A. Self-Concept

1. Makes positive comments about self: Verbalizes positive remarks about self. Prompting is needed if the therapist must give clues to the child concerning what positive things about the child may be or if the request is repeated.
2. Displays pride in work: Illustrates pride in work, either verbally or nonverbally, such as smiling in regard to his/her performance in a task.
3. Perseveres at difficult tasks: Continues to attempt tasks that are difficult, rather than abandoning the task.
4. Gives personal identification: Indicate whether the child says his/her full name (if he/she says only first or last, circle the response). Indicate if the child tells other personal identification, such as address, telephone, or parent's name.
5. Maintains eye-contact: Makes eye-contact with the person to whom he/she is communicating.
6. Exhibits healthy grooming habits/appearance: Is dressed in clean clothing and combed hair, and exhibits a clean and neat appearance. Does not undress self during session.
7. Other: Fill in with relevant information, if needed.

B. Emotions

1. Actively responds with physical &/or facial affect:
Uses gestures or facial expressions appropriate to the context of the situation.

2. Expresses appropriate emotions: Responds to situation in an appropriate manner both verbally and nonverbally.

3. Identifies emotions: Correctly identifies names of emotions through pictures.

4. Identifies situations/examples of different emotions: Gives appropriate situation for various feelings. List the ones used by the child.

5. Other: Fill in with relevant information, if needed.

V. Social Skills

A. Interaction

1. Communicates in appropriate manner: Talks with others in an acceptable manner; does not use inappropriate language.

2. Initiates interaction: Begins interaction with others without being prompted.

3. Takes turns and shares: Offers or allows others to use materials being used without inappropriate behavior such as yelling, crying, or hitting.

4. Interacts appropriately: Communicates and is able to be around others with proper behavior; does not act out in attention-seeking ways, such as yelling or being physically aggressive.

5. Other: Fill in with relevant information, if needed.

B. Attention Span/Compliance

1. Responds when name is called: Looks at the speaker or verbally acknowledges that someone has spoken his/her name.

2. Responds to defined limits: When limits are set, acts upon the given limit without oppositional yelling or aggressive behavior; does not appear to ignore defined limits.

3. Accepts help from others: Allows others to assist, either physically or verbally, in task completion.

4. Offers help to others: Volunteers to assist others when assistance is needed.

5. Asks for help when needed: If unable to complete a task, seeks assistance from others.

6. Participates appropriately: Participates in tasks with acceptable behavior; does not make inappropriate verbalizations or become physically aggressive.

7. Other: Fill in with relevant information, if needed.

1. 1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

VI. Auditory Perception Skills

Use the format described in the activities portion of this manual. While administering these items mark on the recording form with the following: For correct answers use +, for incorrect answers use 0, for no response use NR.

These tasks are assessing several things: tempo, instrument playing, eye-hand coordination, and motor skills. This is a "practical application" for the purpose of assessment to aid in treatment planning.

VII. Musical Preferences

Complete this section using your observation of the assessment session and using information obtained through an informal interview with the child before and/or after the assessment session.

A. Instruments: List which instruments the child used most frequently or made preferential comments about.

B. Styles: List which musical styles the child seemed to enjoy most or made comments that he/she preferred.

VIII. Activities/Instruments used in the assessment

List the order in which the activities were actually administered and what instruments were used by you and the child. If activities were omitted for any reason, list which ones and why they were omitted.

WTS 2011

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

IX. Assessment Summary

The purpose of the assessment summary is to review and integrate the test findings. Ideally, the report should be precise, compact, and to the point. If extra space is required, attach additional pages to the Recording Form.

The summary is a long hand outline of the assessment session, including such things as relevant quotations from the child that may help to understand the child's behavior, behavioral observations of the session, and clinical impressions of the child. A description of the child's behavior lends objectivity to the assessment report by providing the reader with information about what the child did that led you to form specific impressions. Behavioral observations may help to account for the child's assessment results; for instance, it may explain whether the child failed an item due to poor ability, lack of effort, or insufficient time. Behavioral observations also may suggest methods for therapeutic intervention. All behavioral observations should be written clearly, describing and interpreting the child's behavior within the context of the setting in which they are observed.

1918-1919

1919-1920

1920-1921

1921-1922

1922-1923

1923-1924

1924-1925

1925-1926

1926-1927

1927-1928

1928-1929

1929-1930

1930-1931

1931-1932

1932-1933

1933-1934

1934-1935

1935-1936

1936-1937

1937-1938

1938-1939

The following is a list of topics regarding the child that may be included in the summary:

- * physical appearance
- * reactions to test session and to you
- * general behavior
- * language style
- * general response style
- * responses to failures and successes
- * responses to encouragement
- * attitude toward self, you, and the testing process
- * unusual habits, mannerisms, or verbalizations

X. Recommendations

Recommendations are an essential part of the assessment process. They should be based on the child's level of overall performance, the child's pattern of strengths and weaknesses, and the implications of this pattern for therapeutic intervention, such as group or individual treatment, or no treatment.

Recommendations should describe realistic and practical intervention goals and treatment strategies. Factors to consider and include in the Recommendations are:

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

* How relevant are the present test results and can they be generalized?

* What type of intervention program is needed?

* What are some possible goals of the program?

* How can the child's strengths and weaknesses be used in the treatment programming?

* Are the recommendations feasible given the child's present situation?

* Are the recommendations written in a clear and understandable fashion, are they sufficiently detailed, and can they be easily implemented?

* Is there a need for evaluation in other areas?

Recommendations should enable the therapist to design a program suitable to the child's needs and level of functioning. Attach additional pages to the Recording Form, if additional space is needed. It may be helpful to list specific recommendations in order of priority. The highest priority level should address the referral question in some way. Based on the results of the MTPCA and the recommendations from the MTPCA, a treatment program for a child can be more effectively written.

1. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the study and the objectives of the research. It also provides a brief overview of the methodology used in the study.

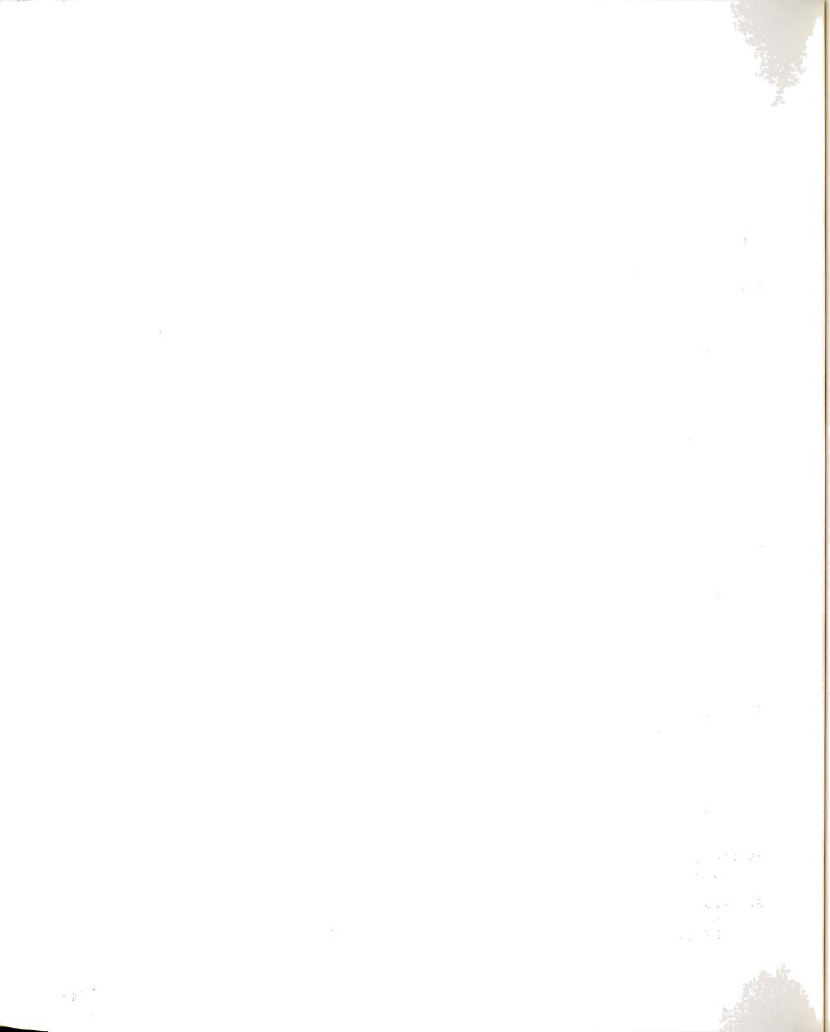
2. The second part of the report is a detailed description of the study area. It includes information about the location of the study area, the population of the study area, and the characteristics of the study area. It also discusses the data sources used in the study.

3. The third part of the report is a detailed description of the study results. It includes information about the findings of the study, the conclusions drawn from the findings, and the implications of the findings. It also discusses the limitations of the study and the need for further research.

4. The fourth part of the report is a conclusion and recommendations. It summarizes the findings of the study and provides recommendations for future research. It also discusses the implications of the findings for policy and practice.

REFERENCES

- Alley, J. M. (1979). Music in the IEP: Therapy/Education. Journal of Music Therapy, 16, 111-127.
- Diephouse, J. W. (1967). Music therapy: a valuable adjunct to psychotherapy with children. Journal of Autism and Childhood Schizophrenia, 42, 75-85.
- Hollander, F. M. & Juhrs, P. D. (1974). Orff-Schulwerk, an effective treatment tool with autistic children. Journal of Music Therapy, 11, 1-12.
- Kessler, J. (1967). Therapeutic methods for exceptional children. Journal of Music Therapy, 4(1), 1-2.
- Mahan, T. & Mahan, A. (1981). Assessing Children with Special Needs: A practical guide for the use of psychological, behavioral, and educational measures. New York: Holt, Rinehart, & Winston.
- Mahlberg, M. (1973). Music therapy in the treatment of an autistic child. Journal of Music Therapy, 10, 189-193.
- Michel, D. E. (1985). Music Therapy: An Introduction, Including Music in Special Education. Springfield, IL: Charles C. Thomas.
- Nordoff, P. & Robbins, C. (1971). Therapy in Music for Handicapped Children. London: Victor Gollancz LTD.
- Palmer, H. (1981). Hap Palmer Favorites: Songs for learning through music and movement. Sherman Oaks, CA: Alfred Publishing.
- Paul, D. W. (1984). Music therapy for emotionally disturbed children. In W. B. Lathom & C. T. Eagle (Eds.), Music therapy for handicapped children (2nd ed.). (pp. 1-59). Lawrence, KS: Meseraull Printing, Inc.
- Sattler, J. M. (1988). Assessment of children (3rd ed.). San Diego: Author.
- Stanley, J. C. & Hopkins, K. D. (1972). Educational and Psychological Measurement and Evaluation. Englewood Cliffs, N.J.: Prentice-Hall.



- Steele, A. L., Vaughan, M., & Dolan, C. (1976). The school support program: Music therapy for adjustment problems in elementary schools. Journal of Music Therapy, 13, 87-100.
- Stevens, E. & Clark, F. (1969). Music therapy in the treatment of autistic children. Journal of Music Therapy, 6, 98-104.
- Thaut, M. H. (1984). A music therapy treatment model for autistic children. Music Therapy Perspectives, 1(4), 7-13.
- Werbner, N. (1966). The practice of music therapy with psychotic children. Journal of Music Therapy, 3, 25-31.

100.0

100.0

100.0

100.0

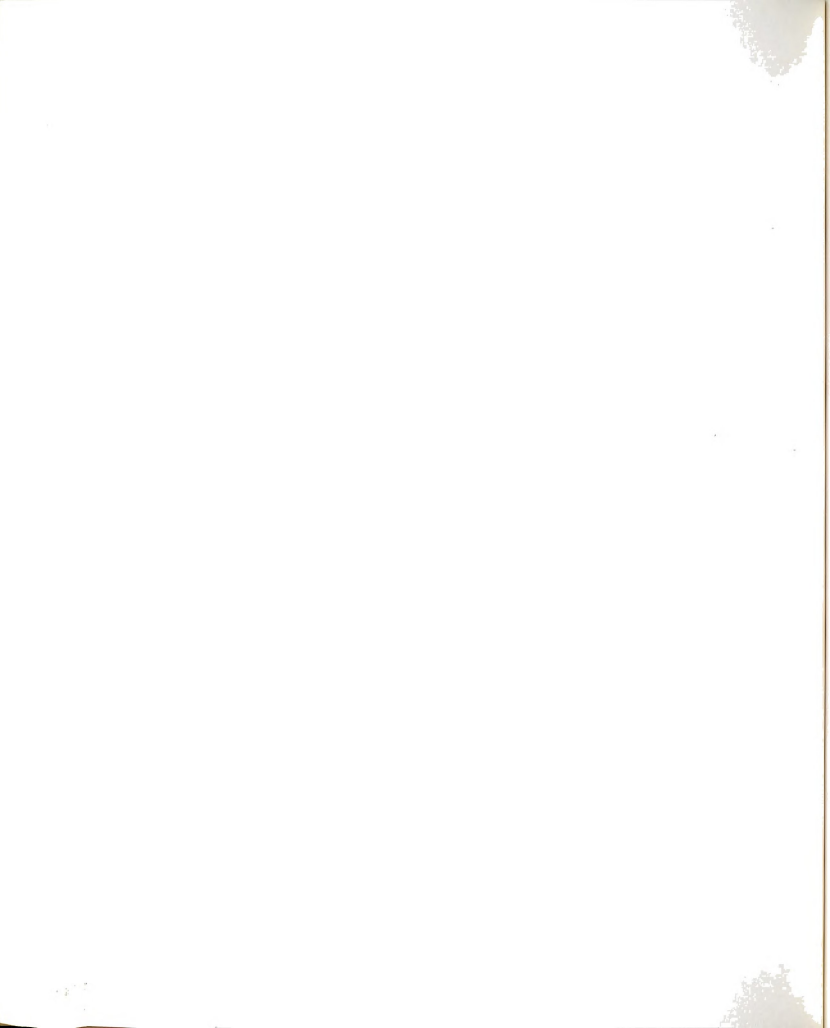
100.0

100.0

100.0

100.0

APPENDIX D
TEACHER'S QUESTIONNAIRE



APPENDIX D

TEACHER'S QUESTIONNAIRE

TEACHER'S QUESTIONNAIRE

ID# _____

Diagnosis: _____

Date: _____ Signature: _____

I. Academic Skills

A. Classroom Behavior

1. Sits in assigned area _____ never _____ rarely _____ sometimes _____ frequently _____ always
 needs prompting
2. Does not interrupt others _____ never _____ rarely _____ sometimes _____ frequently _____ always
 needs prompting
3. Attends to task _____ never _____ rarely _____ sometimes _____ frequently _____ always
 needs prompting
4. Follows directions _____ never _____ rarely _____ sometimes _____ frequently _____ always
 needs prompting
5. Completes task independently _____ never _____ rarely _____ sometimes _____ frequently _____ always
 needs prompting
6. Other: _____ never _____ rarely _____ sometimes _____ frequently _____ always
 needs prompting

B. Basic Concepts

1. Color identification: _____ black _____ blue _____ brown _____ green _____ orange
 _____ purple _____ red _____ white _____ yellow
2. Shapes identification: _____ square _____ circle _____ triangle _____ diamond
 _____ rectangle _____ star _____ heart _____ octagon
3. Counting, numbers concept counts up _____ to _____
 counts down _____ to _____
4. Alphabet, letters concept _____ says alphabet _____ identifies individual letters
5. Identifies body parts: _____ verbally _____ nonverbally
6. Other: _____

II. Communication Skills

A. Pre-Verbal Expression

1. Makes vocal sounds (list) _____
2. Imitates syllables (list) _____
3. Vocalizes sequence of sounds (list) _____
4. Other: _____

1. The first part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows:

2. The second part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows:

3. The third part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows:

4. The fourth part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows:

5. The fifth part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows:

6. The sixth part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows:

7. The seventh part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows:

8. The eighth part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows:

9. The ninth part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows:

10. The tenth part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows:

Teacher's Questionnaire - 2

B. Receptive Language

1. Attends to message/
instructions ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;
2. Makes eye contact
during conversation ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;
3. Responds to message/
instructions verbally:
 ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;
 physically:
 ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;
4. Other: _____ ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;

C. Expressive Language

1. Expresses simple ideas verbally:
 ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;
 nonverbally:
 ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;
2. Expresses feelings verbally:
 ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;
 nonverbally:
 ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;
3. Expresses wants/needs verbally:
 ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;
 nonverbally:
 ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;
4. Expresses with feeling verbally:
 ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;
 nonverbally:
 ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;
5. Other: _____ ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;

D. Vocabulary

1. Verbalizes names of objects ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always
2. Uses verbs/action words ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always
3. Speaks in 1-2 word phrases ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always
4. Speaks in sentences simple sentences:
 ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;
 complex sentences:
 ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;
5. Other: _____ ☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always;

E. Articulation (note areas of deficiency)

1. Vowels _____
2. Consonants _____
3. Letter combinations _____
4. Other: _____

III. Motor Skills

Teacher's Questionnaire - 3

A. Gross Motor Skills

1. Beats a steady beat

with an instrument:
☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

other (i.e. clapping, patting):
☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

2. Claps hands

consistent with good sound production:
☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

3. Completes motor sequences
☐ needs prompting

☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

4. Ambulates smoothly
 if not, describe: _____

☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

5. Other: _____

☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

B. Fine Motor Skills

1. Grasps with:

right hand:
☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

left hand:
☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

2. Uses 2 hands independently;
 favors _____ side

☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

3. Eye-hand coordination;
 well-demonstrated

☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

4. Uses independent finger
 movement

☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

5. Other: _____

☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

IV. Affective Characteristics

A. Self-Concept

1. Makes positive comments
 about self
☐ needs prompting

☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

2. Displays pride in work

verbally:
☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

nonverbally:
☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

3. Perseveres at difficult
 tasks
☐ needs prompting

☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

4. Gives personal identification

☐ says name, first and last
 other: _____

5. Maintains eye contact
☐ needs prompting

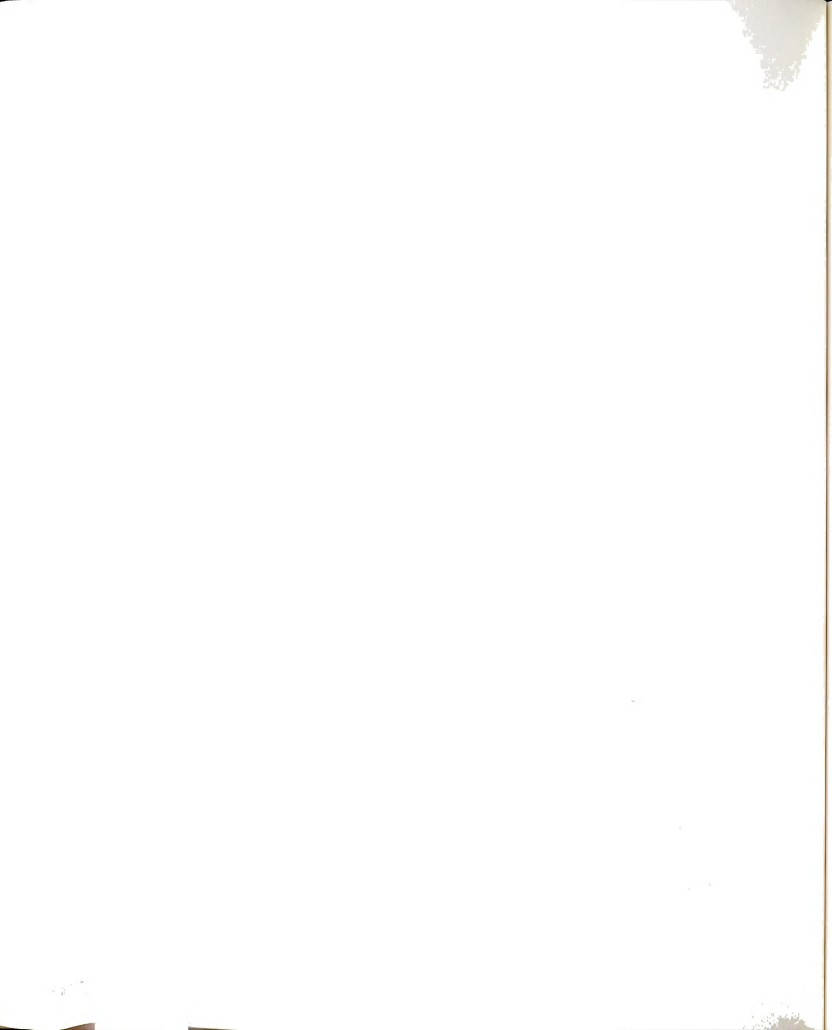
☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

6. Exhibits healthy grooming
 habits/appearance

☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always

7. Other: _____

☐ never ☐ rarely ☐ sometimes ☐ frequently ☐ always



Teacher's Questionnaire - 4

B. Emotions

- | | | | | | |
|---|-----------------------|--------|-----------|------------|--------|
| 1. Actively responds with physical &/or facial affect | never | rarely | sometimes | frequently | always |
| 2. Expresses appropriate emotions | verbally:
never | rarely | sometimes | frequently | always |
| | nonverbally:
never | rarely | sometimes | frequently | always |
| 3. Identifies emotions | never | rarely | sometimes | frequently | always |
| 4. Identifies situations/
examples of different emotions | never | rarely | sometimes | frequently | always |
| List which ones: | | | | | |
| 5. Other: | never | rarely | sometimes | frequently | always |

V. Social Skills

A. Interaction

- | | | | | | | |
|---------------------------------------|--------------|--------------|---------------|------------------|-------------------|---------------|
| 1. Communicates in appropriate manner | verbally: | <u>never</u> | <u>rarely</u> | <u>sometimes</u> | <u>frequently</u> | <u>always</u> |
| | nonverbally: | <u>never</u> | <u>rarely</u> | <u>sometimes</u> | <u>frequently</u> | <u>always</u> |
| 2. Initiates interaction | | <u>never</u> | <u>rarely</u> | <u>sometimes</u> | <u>frequently</u> | <u>always</u> |
| 3. Takes turns and shares | | <u>never</u> | <u>rarely</u> | <u>sometimes</u> | <u>frequently</u> | <u>always</u> |
| needs prompting | | | | | | |
| 4. Interacts appropriately | verbally: | <u>never</u> | <u>rarely</u> | <u>sometimes</u> | <u>frequently</u> | <u>always</u> |
| | nonverbally: | <u>never</u> | <u>rarely</u> | <u>sometimes</u> | <u>frequently</u> | <u>always</u> |
| 5. Other: | | <u>never</u> | <u>rarely</u> | <u>sometimes</u> | <u>frequently</u> | <u>always</u> |

B. Attention Span/Compliance

- | | | | | | |
|---------------------------------|-------|--------|-----------|------------|--------|
| 1. Responds when name is called | never | rarely | sometimes | frequently | always |
| 2. Responds to defined limits | never | rarely | sometimes | frequently | always |
| 3. Accepts help from others | never | rarely | sometimes | frequently | always |
| 4. Offers help to others | never | rarely | sometimes | frequently | always |
| 5. Asks for help when needed | never | rarely | sometimes | frequently | always |
| 6. Participates appropriately | never | rarely | sometimes | frequently | always |
| 7. Other: | never | rarely | sometimes | frequently | always |

1847-1848

1848-1849

1849-1850

1850-1851

1851-1852

1852-1853

1853-1854

1854-1855

1855-1856

1856-1857

1857-1858

1858-1859

1859-1860

1860-1861

1861-1862

1862-1863

1863-1864

1864-1865

1865-1866

1866-1867

1867-1868

1868-1869

1869-1870

1870-1871

1871-1872

1872-1873

1873-1874

Teacher's Questionnaire - 5

VI. Auditory Perception Skills

A. In your opinion, does this student perceive differences or changes in:

1. Timbre
2. Dynamics
3. Pitch
4. Rhythm
5. Tempo

B. In your opinion, is this student able to imitate:

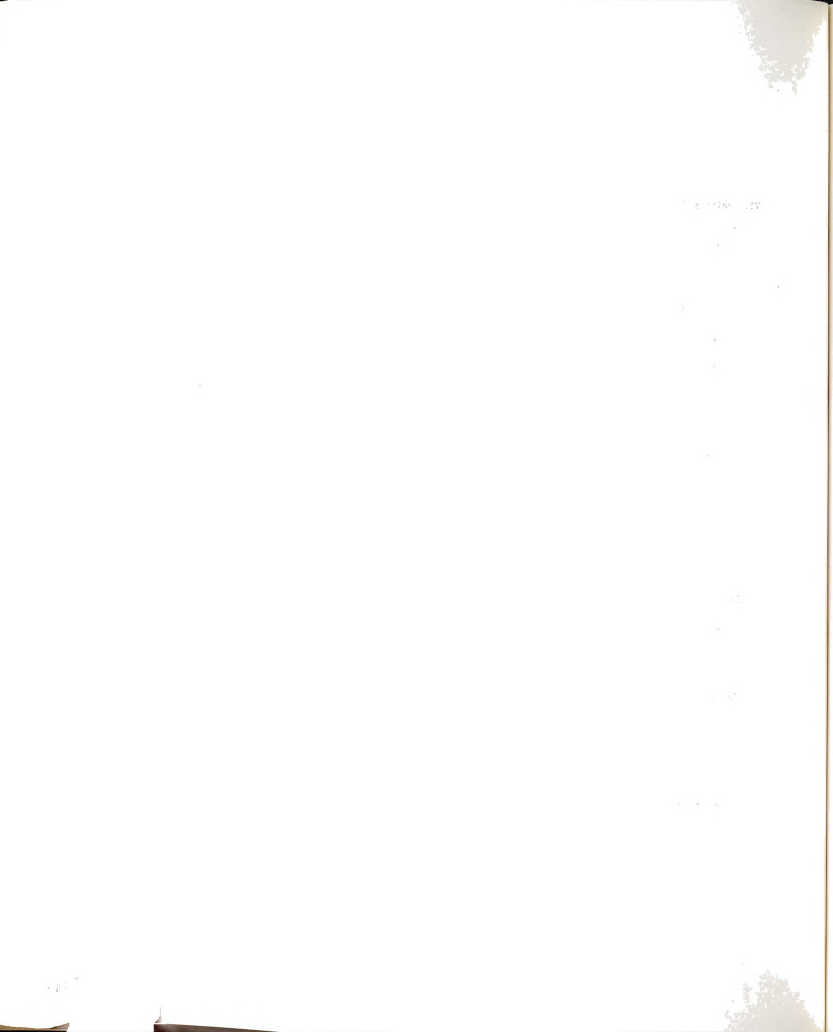
1. Single pitches
2. Simple phrases (melodies)
3. Simple rhythms
4. Dynamic levels
5. Different tempos

In your opinion, does this student respond to music?

Why or why not:

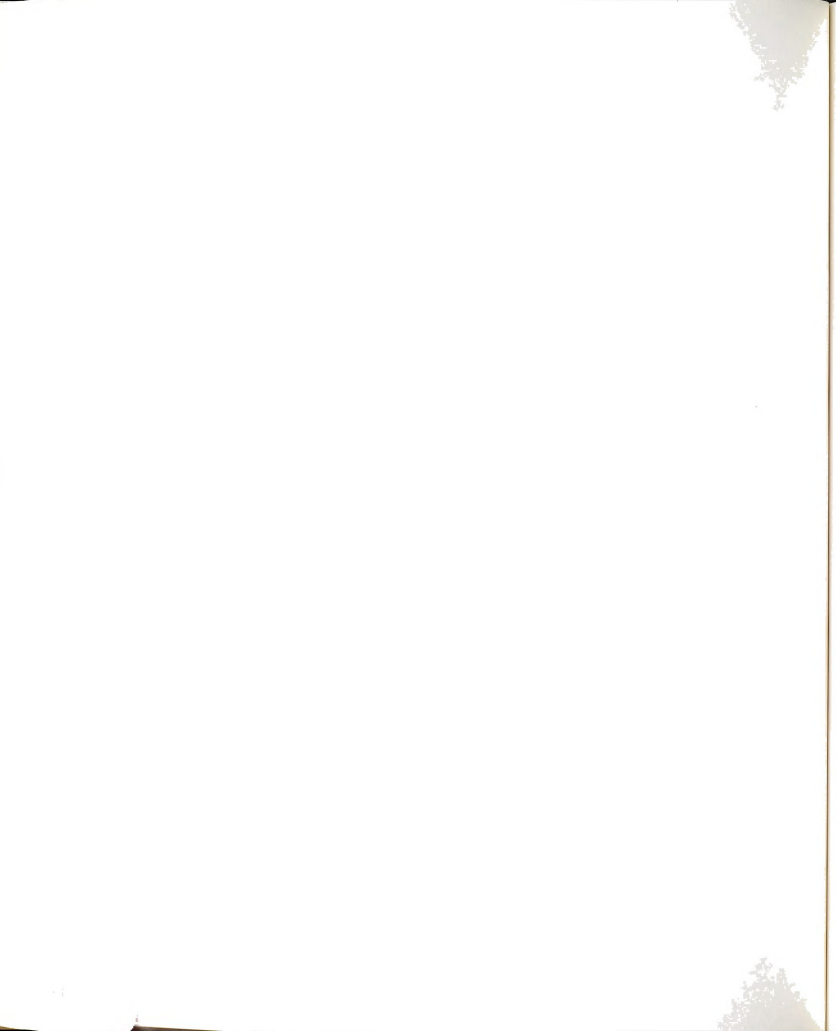
In your opinion, would music therapy be beneficial to this child? (explain)

If music therapy could be recommended for this child, what would be possible goal areas for intervention?



APPENDIX E

RELIABILITY STATISTICS OF THE MTPCA



APPENDIX E

RELIABILITY STATISTICS OF THE MTPCA

STATISTICS KEY

Interscorer Reliability = Reliability between scorers

External Source Reliability
(Learning Disabled) = Reliability between scorers and teacher
evaluations of the learning disabled
subjects

External Source Reliability
(Emotionally Impaired &
Autistically Impaired) = Reliability between scorers and teacher
evaluations of the emotionally impaired
and autistically impaired subjects

O = Observers

O₁ = Observer 1

O₂ = Observer 2

O₃ = Observer 3

r = Correlation Coefficient

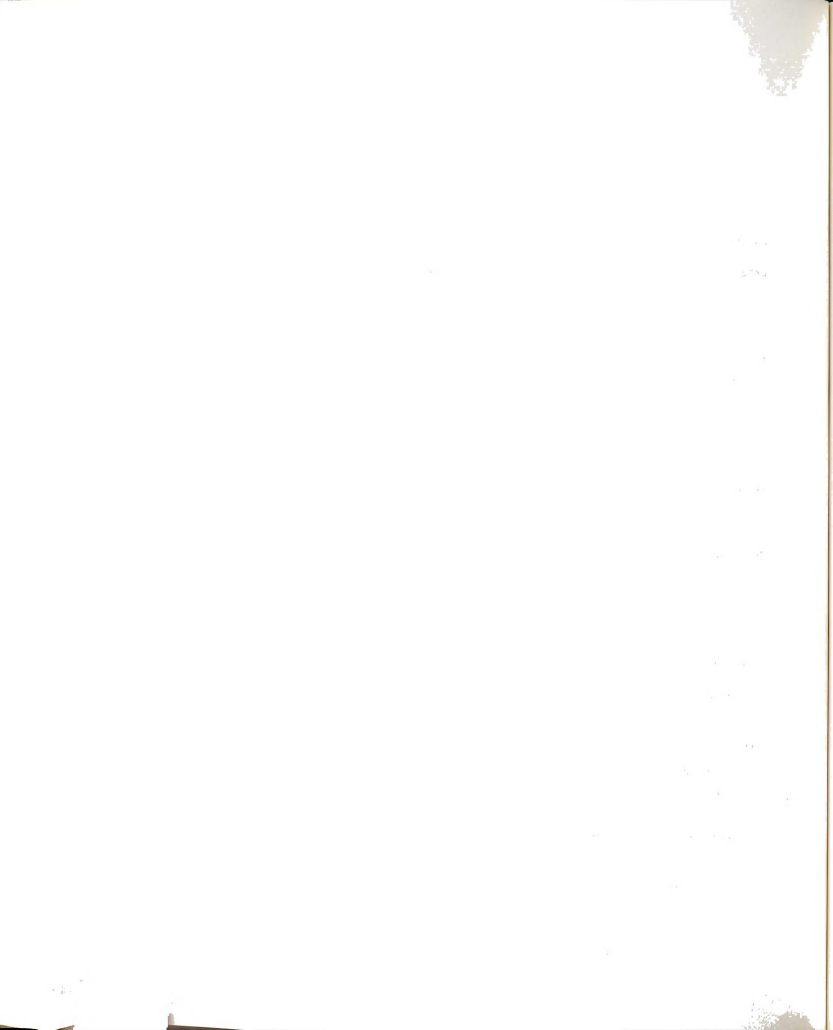
\bar{r} = Mean Correlation Coefficient

S = Subjects

T = Teacher's Questionnaires Responses

O* = 0 was used to indicate Not Observed (N/O) or Not Applicable (N/A).
For the purpose of scaling to compute correlations, 0 was converted
to a score of 1.

error** = Error was used to indicate the correlation coefficient is
considered to be 0, because either the observers or the
teacher used the same rating for each subject.



I. Academic Skills

Interscorer Reliability

A.1. Sits in assigned area

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	\bar{r}_X
1	4	4	5	.84	.68	.31	.61
2	5	5	5				
3	2	2	4				
4	4	4	4				
5	4	4	4				
6	3	4	3				
7	5	4	5				

A.2. Does not interrupt others

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	\bar{r}_X
1	4	4	4	.87	.80	.87	.85
2	5	5	5				
3	2	2	3				
4	4	4	5				
5	4	3	4				
6	4	3	4				
7	4	4	5				

I. Academic Skills

Interscorer Reliability

A.3. Attends to task

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	4	3	3	.64	.55	.71	.63
2	4	4	5				
3	3	2	3				
4	4	3	5				
5	4	3	3				
6	3	3	3				
7	4	4	5				

A.4. Follows directions

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	4	3	4	.59	.38	.65	.54
2	5	4	4				
3	3	2	3				
4	4	3	4				
5	4	3	3				
6	4	4	3				
7	4	5	5				

A.5. Completes task independently

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	3	3	3	-.09	.37	.28	-.06
2	4	4	4				
3	4	3	4				
4	4	3	4				
5	3	4	3				
6	4	3	2				
7	4	4	4				

II. Communication Skills

Interscorer Reliability

B.1. Attends to message/instructions

S	0 ₁	0 ₂	0 ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	4	3	4	error**	error**	.39	
2	4	4	4				
3	4	2	4				
4	4	4	4				
5	4	4	3				
6	4	3	3				
7	4	5	5				

B.2. Makes eye contact during conversation

S	0 ₁	0 ₂	0 ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	4	3	5	.19	.52	-.50	.07
2	3	3	4				
3	3	3	3				
4	4	4	3				
5	3	4	3				
6	2	3	3				
7	4	3	4				

B.3. Responds to message/instructions (verbally)

S	0 ₁	0 ₂	0 ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	3	4	4	-.26	.35	-.09	-.23
2	4	4	3				
3	4	3	4				
4	4	4	4				
5	4	4	4				
6	3	4	3				
7	4	4	5				

[illegible]

II. Communication Skills

Interscorer Reliability

B.3. Responds to message/instructions (physically)

S	O ₁	O ₂	O ₃	r ₀₁ & 02	r ₀₁ & 03	r ₀₂ & 03	r _X
1	4	4	4	error**	error**	.26	
2	4	3	4				
3	4	4	4				
4	4	4	4				
5	4	3	4				
6	4	4	4				
7	4	4	5				

C.1. Expresses simple ideas (verbally)

S	O ₁	O ₂	O ₃	r ₀₁ & 02	r ₀₁ & 03	r ₀₂ & 03	r _X
1	3	2	4	.60	.73	.56	.63
2	4	4	4				
3	4	3	5				
4	4	4	5				
5	3	4	4				
6	3	2	3				
7	4	4	5				

C.1. Expresses simple ideas (nonverbally)

S	O ₁	O ₂	O ₃	r ₀₁ & 02	r ₀₁ & 03	r ₀₂ & 03	r _X
1	4	3	3	.26	-.06	.41	.20
2	4	3	2				
3	3	3	5				
4	3	2	3				
5	2	3	3				
6	3	2	2				
7	4	3	4				

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

II. Communication Skills

Interscorer Reliability

C.2. Expresses feelings (verbally)

S	0 ₁	0 ₂	0 ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	2	2	4	.41	-.04	.24	.21
2	2	2	1				
3	2	3	4				
4	3	3	3				
5	2	2	2				
6	3	3	2				
7	3	2	3				

C.2. Expresses feelings (nonverbally)

S	0 ₁	0 ₂	0 ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	3	4	4	0	0	.31	.10
2	3	2	2				
3	2	4	3				
4	3	3	2				
5	2	3	3				
6	4	4	2				
7	4	3	4				

C.3. Expresses wants/needs (verbally)

S	0 ₁	0 ₂	0 ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	3	3	4	error**	.66	error**	
2	0*	3	3				
3	3	3	5				
4	0*	3	4				
5	2	3	3				
6	0*	3	3				
7	3	3	4				

II. Communication Skills

Interscorer Reliability

C.3. Expresses wants/needs (nonverbally)

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	3	3	3	-.42	-.05	.37	-.06
2	2	3	2				
3	2	4	5				
4	3	3	4				
5	2	4	3				
6	3	4	3				
7	3	3	3				

C.4. Expresses with feeling (verbally)

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	2	3	2	-.23	.32	.57	.22
2	4	2	2				
3	3	4	5				
4	3	3	4				
5	3	2	2				
6	2	4	2				
7	4	4	4				

C.4. Expresses with feeling (nonverbally)

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	3	4	2	.48	.19	.23	.30
2	3	2	1				
3	3	4	5				
4	3	2	4				
5	2	2	2				
6	4	4	2				
7	4	3	4				

II. Communication Skills

Interscorer Reliability

D.1. Verbalizes names of objects

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	3	3	3	.20	.64	.65	.50
2	5	3	3				
3	5	4	5				
4	5	4	5				
5	4	4	4				
6	3	4	3				
7	5	4	4				

D.2. Uses verbs/action words

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	3	2	2	.87	.87	.74	.83
2	4	3	4				
3	4	3	5				
4	4	4	5				
5	4	4	3				
6	3	2	1				
7	4	4	5				

D.3. Speaks in 1-2 word phrases

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	4	2	4	-.20	.32	-.62	-.17
2	3	2	3				
3	3	3	4				
4	3	4	0*				
5	3	3	4				
6	4	2	4				
7	4	4	3				

1000000000

1000000000

1	2	3
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102
103	104	105
106	107	108
109	110	111
112	113	114
115	116	117
118	119	120
121	122	123
124	125	126
127	128	129
130	131	132
133	134	135
136	137	138
139	140	141
142	143	144
145	146	147
148	149	150
151	152	153
154	155	156
157	158	159
160	161	162
163	164	165
166	167	168
169	170	171
172	173	174
175	176	177
178	179	180
181	182	183
184	185	186
187	188	189
190	191	192
193	194	195
196	197	198
199	200	201
202	203	204
205	206	207
208	209	210
211	212	213
214	215	216
217	218	219
220	221	222
223	224	225
226	227	228
229	230	231
232	233	234
235	236	237
238	239	240
241	242	243
244	245	246
247	248	249
250	251	252
253	254	255
256	257	258
259	260	261
262	263	264
265	266	267
268	269	270
271	272	273
274	275	276
277	278	279
280	281	282
283	284	285
286	287	288
289	290	291
292	293	294
295	296	297
298	299	300
301	302	303
304	305	306
307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
367	368	369
370	371	372
373	374	375
376	377	378
379	380	381
382	383	384
385	386	387
388	389	390
391	392	393
394	395	396
397	398	399
400	401	402
403	404	405
406	407	408
409	410	411
412	413	414
415	416	417
418	419	420
421	422	423
424	425	426
427	428	429
430	431	432
433	434	435
436	437	438
439	440	441
442	443	444
445	446	447
448	449	450
451	452	453
454	455	456
457	458	459
460	461	462
463	464	465
466	467	468
469	470	471
472	473	474
475	476	477
478	479	480
481	482	483
484	485	486
487	488	489
490	491	492
493	494	495
496	497	498
499	500	501
502	503	504
505	506	507
508	509	510
511	512	513
514	515	516
517	518	519
520	521	522
523	524	525
526	527	528
529	530	531
532	533	534
535	536	537
538	539	540
541	542	543
544	545	546
547	548	549
550	551	552
553	554	555
556	557	558
559	560	561
562	563	564
565	566	567
568	569	570
571	572	573
574	575	576
577	578	579
580	581	582
583	584	585
586	587	588
589	590	591
592	593	594
595	596	597
598	599	600
601	602	603
604	605	606
607	608	609
610	611	612
613	614	615
616	617	618
619	620	621
622	623	624
625	626	627
628	629	630
631	632	633
634	635	636
637	638	639
640	641	642
643	644	645
646	647	648
649	650	651
652	653	654
655	656	657
658	659	660
661	662	663
664	665	666
667	668	669
670	671	672
673	674	675
676	677	678
679	680	681
682	683	684
685	686	687
688	689	690
691	692	693
694	695	696
697	698	699
700	701	702
703	704	705
706	707	708
709	710	711
712	713	714
715	716	717
718	719	720
721	722	723
724	725	726
727	728	729
730	731	732
733	734	735
736	737	738
739	740	741
742	743	744
745	746	747
748	749	750
751	752	753
754	755	756
757	758	759
760	761	762
763	764	765
766	767	768
769	770	771
772	773	774
775	776	777
778	779	780
781	782	783
784	785	786
787	788	789
790	791	792
793	794	795
796	797	798
799	800	801
802	803	804
805	806	807
808	809	810
811	812	813
814	815	816
817	818	819
820	821	822
823	824	825
826	827	828
829	830	831
832	833	834
835	836	837
838	839	840
841	842	843
844	845	846
847	848	849
850	851	852
853	854	855
856	857	858
859	860	861
862	863	864
865	866	867
868	869	870
871	872	873
874	875	876
877	878	879
880	881	882
883	884	885
886	887	888
889	890	891
892	893	894
895	896	897
898	899	900
901	902	903
904	905	906
907	908	909
910	911	912
913	914	915
916	917	918
919	920	921
922	923	924
925	926	927
928	929	930
931	932	933
934	935	936
937	938	939
940	941	942
943	944	945
946	947	948
949	950	951
952	953	954
955	956	957
958	959	960
961	962	963
964	965	966
967	968	969
970	971	972
973	974	975
976	977	978
979	980	981
982	983	984
985	986	987
988	989	990
991	992	993
994	995	996
997	998	999
1000	1001	1002
1003	1004	1005
1006	1007	1008
1009	1010	1011
1012	1013	1014
1015	1016	1017
1018	1019	1020
1021	1022	1023
1024	1025	1026
1027	1028	1029
1030	1031	1032
1033	1034	1035
1036	1037	1038
1039	1040	1041
1042	1043	1044
1045	1046	1047
1048	1049	1050
1051	1052	1053
1054	1055	1056
1057	1058	1059
1060	1061	1062
1063	1064	1065
1066	1067	1068
1069	1070	1071
1072	1073	1074
1075	1076	1077
1078	1079	1080
1081	1082	1083
1084	1085	1086
1087	1088	1089
1090	1091	1092
1093	1094	1095
1096	1097	1098
1099	1100	1101
1102	1103	1104
1105	1106	1107
1108	1109	1110
1111	1112	1113
1114	1115	1116
1117	1118	1119
1120	1121	1122
1123	1124	1125
1126	1127	1128
1129	1130	1131
1132	1133	1134
1135	1136	1137
1138	1139	1140
1141	1142	1143
1144	1145	1146
1147	1148	1149
1150	1151	1152
1153	1154	1155
1156	1157	1158
1159	1160	1161
1162	1163	1164
1165	1166	1167
1168	1169	1170
1171	1172	1173
1174	1175	1176
1177	1178	1179
1180	1181	1182
1183	1184	1185
1186	1187	1188
1189	1190	1191
1192	1193	1194
1195	1196	1197
1198	1199	1200
1201	1202	1203
1204	1205	1206
1207	1208	1209
1210	1211	1212
1213		

II. Communication Skills

Interscorer Reliability

D.4. Speaks in sentences (simple sentences)

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	1	1	1	.68	.86	.53	.69
2	4	3	3				
3	4	2	5				
4	4	4	4				
5	3	4	3				
6	2	1	2				
7	3	3	4				

D.4. Speaks in sentences (complex sentences)

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	1	1	1	.77	.41	.40	.53
2	2	4	2				
3	1	1	3				
4	3	2	2				
5	3	4	2				
6	1	1	1				
7	3	4	3				

III. Motor Skills

Interscorer Reliability

A.1. Beats a steady beat (with an instrument)

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	$\frac{r}{\bar{X}}$
1	3	1	4	.83	.59	.61	.68
2	4	4	4				
3	2	1	4				
4	3	2	4				
5	3	1	3				
6	4	5	4				
7	5	5	5				

A.1. Beats a steady beat (other, i.e., clapping, patting)

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	$\frac{r}{\bar{X}}$
1	3	1	4	.61	.38	-.16	.28
2	4	4	4				
3	2	1	3				
4	3	2	0*				
5	0*	1	0*				
6	4	4	0*				
7	4	0*	4				

A.2. Claps hands

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	$\frac{r}{\bar{X}}$
1	4	2	0*	-.40	.50	.23	.11
2	4	2	3				
3	5	2	4				
4	5	2	5				
5	4	2	4				
6	4	3	4				
7	4	3	4				

III. Motor Skills

Interscorer Reliability

A.3. Completes motor sequences

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	4	3	3	-.19	.23	.47	.17
2	5	3	4				
3	4	3	5				
4	4	4	5				
5	4	3	4				
6	3	4	4				
7	5	4	5				

A.4. Ambulates smoothly

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	4	3	5	-.19	.85	.14	.27
2	5	4	5				
3	4	2	5				
4	4	3	5				
5	3	3	4				
6	3	3	4				
7	4	4	5				

III. Motor Skills

Interscorer Reliability

B.1. Grasps with: (right hand)

S	O ₁	O ₂	O ₃	r ₀₁ & 02	r ₀₁ & 03	r ₀₂ & 03	\bar{r}_X
1	4	4	4	error**	error**	0	
2	4	5	4				
3	4	4	5				
4	4	4	5				
5	4	4	4				
6	4	4	4				
7	4	3	4				

B.1. Grasps with: (left hand)

S	O ₁	O ₂	O ₃	r ₀₁ & 02	r ₀₁ & 03	r ₀₂ & 03	\bar{r}_X
1	4	3	4	.68	-.09	-.37	.07
2	4	5	4				
3	3	3	5				
4	4	3	5				
5	3	3	4				
6	3	3	4				
7	4	4	4				

B.2. Uses 2 hands independently

S	O ₁	O ₂	O ₃	r ₀₁ & 02	r ₀₁ & 03	r ₀₂ & 03	\bar{r}_X
1	3	3	4	.50	.55	-.28	.25
2	4	5	4				
3	4	3	5				
4	4	3	5				
5	4	4	4				
6	3	3	4				
7	4	4	5				

1911-12

1912-13

1913-14

1914-15

1915-16

1916-17

1917-18

1918-19

1919-20

1920-21

1921-22

1922-23

1923-24

1924-25

1925-26

1926-27

1927-28

1928-29

1929-30

1930-31

1931-32

1932-33

1933-34

1934-35

1935-36

1936-37

1937-38

1938-39

1939-40

1940-41

1941-42

III. Motor Skills

Interscorer Reliability

B.3. Eye-hand coordination; well-demonstrated

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	4	3	4	.17	.64	.36	.39
2	4	5	5				
3	5	2	5				
4	4	2	5				
5	3	2	4				
6	4	4	5				
7	5	4	5				

B.4. Uses independent finger movement

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	4	0*	4	-.25	.47	.03	.08
2	4	5	4				
3	4	3	5				
4	4	3	5				
5	4	3	4				
6	3	4	4				
7	4	4	5				

1995-96

10

IV. Affective Characteristics

Interscorer Reliability

A.1. Makes positive comments about self

S	0 ₁	0 ₂	0 ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	$\frac{r}{\bar{X}}$
1	0*	1	0*	.55	.93	.51	.66
2	0*	0*	1				
3	0*	2	0*				
4	0*	2	0*				
5	2	2	2				
6	1	1	1				
7	2	2	3				

A.2. Displays pride in work (verbally)

S	0 ₁	0 ₂	0 ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	$\frac{r}{\bar{X}}$
1	1	1	1	.54	.41	.50	.48
2	3	3	2				
3	2	2	2				
4	2	2	3				
5	1	3	2				
6	1	1	1				
7	2	2	3				

A.2. Displays pride in work (nonverbally)

S	0 ₁	0 ₂	0 ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	$\frac{r}{\bar{X}}$
1	3	2	4	0	.71	-.54	.06
2	2	3	3				
3	4	3	4				
4	3	3	4				
5	2	3	3				
6	3	4	3				
7	3	3	4				

1. *Adiantum*
 2. *Asplenium*
 3. *Polypodium*
 4. *Marattia*
 5. *Psaronius*
 6. *Phlegmaria*
 7. *Phlegmaria*
 8. *Phlegmaria*
 9. *Phlegmaria*
 10. *Phlegmaria*
 11. *Phlegmaria*
 12. *Phlegmaria*
 13. *Phlegmaria*
 14. *Phlegmaria*
 15. *Phlegmaria*
 16. *Phlegmaria*
 17. *Phlegmaria*
 18. *Phlegmaria*
 19. *Phlegmaria*
 20. *Phlegmaria*
 21. *Phlegmaria*
 22. *Phlegmaria*
 23. *Phlegmaria*
 24. *Phlegmaria*
 25. *Phlegmaria*
 26. *Phlegmaria*
 27. *Phlegmaria*
 28. *Phlegmaria*
 29. *Phlegmaria*
 30. *Phlegmaria*
 31. *Phlegmaria*
 32. *Phlegmaria*
 33. *Phlegmaria*
 34. *Phlegmaria*
 35. *Phlegmaria*
 36. *Phlegmaria*
 37. *Phlegmaria*
 38. *Phlegmaria*
 39. *Phlegmaria*
 40. *Phlegmaria*
 41. *Phlegmaria*
 42. *Phlegmaria*
 43. *Phlegmaria*
 44. *Phlegmaria*
 45. *Phlegmaria*
 46. *Phlegmaria*
 47. *Phlegmaria*
 48. *Phlegmaria*
 49. *Phlegmaria*
 50. *Phlegmaria*
 51. *Phlegmaria*
 52. *Phlegmaria*
 53. *Phlegmaria*
 54. *Phlegmaria*
 55. *Phlegmaria*
 56. *Phlegmaria*
 57. *Phlegmaria*
 58. *Phlegmaria*
 59. *Phlegmaria*
 60. *Phlegmaria*
 61. *Phlegmaria*
 62. *Phlegmaria*
 63. *Phlegmaria*
 64. *Phlegmaria*
 65. *Phlegmaria*
 66. *Phlegmaria*
 67. *Phlegmaria*
 68. *Phlegmaria*
 69. *Phlegmaria*
 70. *Phlegmaria*
 71. *Phlegmaria*
 72. *Phlegmaria*
 73. *Phlegmaria*
 74. *Phlegmaria*
 75. *Phlegmaria*
 76. *Phlegmaria*
 77. *Phlegmaria*
 78. *Phlegmaria*
 79. *Phlegmaria*
 80. *Phlegmaria*
 81. *Phlegmaria*
 82. *Phlegmaria*
 83. *Phlegmaria*
 84. *Phlegmaria*
 85. *Phlegmaria*
 86. *Phlegmaria*
 87. *Phlegmaria*
 88. *Phlegmaria*
 89. *Phlegmaria*
 90. *Phlegmaria*
 91. *Phlegmaria*
 92. *Phlegmaria*
 93. *Phlegmaria*
 94. *Phlegmaria*
 95. *Phlegmaria*
 96. *Phlegmaria*
 97. *Phlegmaria*
 98. *Phlegmaria*
 99. *Phlegmaria*
 100. *Phlegmaria*

IV. Affective Characteristics

Interscorer Reliability

A.3. Perseveres at difficult tasks

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	$\frac{r}{\bar{X}}$
1	4	3	3	.64	.57	.92	.71
2	4	4	3				
3	2	2	2				
4	4	3	3				
5	3	3	3				
6	4	3	3				
7	4	5	5				

A.5. Maintains eye contact

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	$\frac{r}{\bar{X}}$
1	4	3	4	-.13	.60	.23	.23
2	3	4	4				
3	4	2	3				
4	4	3					
5	3	3	3				
6	2	3	2				
7	4	3	4				

A.6. Exhibits healthy grooming habits/appearance

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	$\frac{r}{\bar{X}}$
1	3	3	4	.47	.26	.55	.43
2	5	4	5				
3	5	3	4				
4	5	4	5				
5	5	4	4				
6	5	3	4				
7	5	4	4				

10/11/1919	10/11/1919
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

IV. Affective Characteristics

Interscorer Reliability

B.1. Actively responds with physical &/or facial affect

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	3	4	2	.71	.81	.26	.59
2	2	3	2				
3	4	4	5				
4	4	4	4				
5	3	3	4				
6	3	4	3				
7	4	4	4				

B.2. Expresses appropriate emotions (verbally)

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	3	2	4	-.68	-.69	-.72	-.70
2	4	1	1				
3	4	2	3				
4	0*	4	5				
5	3	4	4				
6	3	3	2				
7	3	4	4				

B.2. Expresses appropriate emotions (nonverbally)

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	4	4	4	-.17	.55	.54	.31
2	4	3	2				
3	3	4	3				
4	5	4	5				
5	3	4	2				
6	3	4	4				
7	4	4	5				

2

4

2

5

IV. Affective Characteristics

Interscorer Reliability

B.3. Identifies emotions

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	0*	0*	5	.34	-.61	.13	-.04
2	4	0*	2				
3	0*	0*	4				
4	0*	4	5				
5	4	4	5				
6	3	3	4				
7	4	4	2				

B.4. Identifies situations/examples of different emotions

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	2	2	3	.74	.83	.78	.78
2	2	3	2				
3	5	4	4				
4	5	3	4				
5	4	4	5				
6	2	1	2				
7	2	2	2				

V. Social Skills

Interscorer Reliability

A.1. Communicates in appropriate manner (verbally)

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	3	2	4	.69	.15	.07	.30
2	4	3	3				
3	4	3	3				
4	4	3	5				
5	4	4	3				
6	3	3	3				
7	4	4	5				

A.1. Communicates in appropriate manner (nonverbally)

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	4	3	4	-.65	-.35	.55	-.15
2	3	3	3				
3	4	3	2				
4	4	3	3				
5	4	3	3				
6	4	3	3				
7	3	4	4				

A.2. Initiates interaction

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	3	3	3	.26	.35	.09	.23
2	4	3	2				
3	4	3	4				
4	4	4	3				
5	3	4	2				
6	3	2	2				
7	3	3	3				

Table 1. Summary of the data.

No.	1		2	
	3		4	
1	1	1	1	1
2	1	1	1	1
3	1	1	1	1
4	1	1	1	1
5	1	1	1	1
6	1	1	1	1
7	1	1	1	1
8	1	1	1	1
9	1	1	1	1
10	1	1	1	1
11	1	1	1	1
12	1	1	1	1
13	1	1	1	1
14	1	1	1	1
15	1	1	1	1
16	1	1	1	1
17	1	1	1	1
18	1	1	1	1
19	1	1	1	1
20	1	1	1	1
21	1	1	1	1
22	1	1	1	1
23	1	1	1	1
24	1	1	1	1
25	1	1	1	1
26	1	1	1	1
27	1	1	1	1
28	1	1	1	1
29	1	1	1	1
30	1	1	1	1
31	1	1	1	1
32	1	1	1	1
33	1	1	1	1
34	1	1	1	1
35	1	1	1	1
36	1	1	1	1
37	1	1	1	1
38	1	1	1	1
39	1	1	1	1
40	1	1	1	1
41	1	1	1	1
42	1	1	1	1
43	1	1	1	1
44	1	1	1	1
45	1	1	1	1
46	1	1	1	1
47	1	1	1	1
48	1	1	1	1
49	1	1	1	1
50	1	1	1	1
51	1	1	1	1
52	1	1	1	1
53	1	1	1	1
54	1	1	1	1
55	1	1	1	1
56	1	1	1	1
57	1	1	1	1
58	1	1	1	1
59	1	1	1	1
60	1	1	1	1
61	1	1	1	1
62	1	1	1	1
63	1	1	1	1
64	1	1	1	1
65	1	1	1	1
66	1	1	1	1
67	1	1	1	1
68	1	1	1	1
69	1	1	1	1
70	1	1	1	1
71	1	1	1	1
72	1	1	1	1
73	1	1	1	1
74	1	1	1	1
75	1	1	1	1
76	1	1	1	1
77	1	1	1	1
78	1	1	1	1
79	1	1	1	1
80	1	1	1	1
81	1	1	1	1
82	1	1	1	1
83	1	1	1	1
84	1	1	1	1
85	1	1	1	1
86	1	1	1	1
87	1	1	1	1
88	1	1	1	1
89	1	1	1	1
90	1	1	1	1
91	1	1	1	1
92	1	1	1	1
93	1	1	1	1
94	1	1	1	1
95	1	1	1	1
96	1	1	1	1
97	1	1	1	1
98	1	1	1	1
99	1	1	1	1
100	1	1	1	1

V. Social Skills

Interscorer Reliability

A.3. Takes turns and shares

S	0 ₁	0 ₂	0 ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	$\frac{r}{\bar{X}}$
1	4	3	3	error**	error**	.37	
2	4	4	4				
3	4	2	4				
4	4	4	4				
5	4	3	4				
6	4	4	4				
7	4	4	5				

A.4. Interacts appropriately (verbally)

S	0 ₁	0 ₂	0 ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	$\frac{r}{\bar{X}}$
1	4	3	4	.42	.60	.35	.46
2	4	3	4				
3	4	2	4				
4	4	3	5				
5	4	4	4				
6	3	3	4				
7	5	4	5				

A.4. Interacts appropriately (nonverbally)

S	0 ₁	0 ₂	0 ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	$\frac{r}{\bar{X}}$
1	4	3	3	0	-.17	.76	.20
2	3	3	4				
3	4	2	3				
4	4	3	4				
5	4	3	4				
6	4	3	3				
7	4	4	5				

41123

0.317 2246T

2

5

1

V. Social Skills

Interscorer Reliability

B.1. Responds when name is called

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	4	3	5	error **	error **	.62	
2	4	4	5				
3	4	3	4				
4	4	4	5				
5	4	3	4				
6	4	3	3				
7	4	5	5				

B.2. Responds to defined limits

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	3	3	4	.83	.55	.83	.74
2	4	4	4				
3	3	2	3				
4	4	3	4				
5	4	3	3				
6	3	3	4				
7	5	5	5				

B.3. Accepts help from others

S	O ₁	O ₂	O ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	4	4	5	.73	.74	.85	.77
2	3	4	4				
3	3	2	3				
4	3	3	4				
5	3	3	4				
6	4	4	4				
7	4	5	5				

1. Results of

Q	1
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

1.1.1.1

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

V. Social Skills

Interscorer Reliability

B.4. Offers help to others

S	0 ₁	0 ₂	0 ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	0*	3	0*	.49	.74	-.10	.38
2	3	3	2				
3	0*	2	0*				
4	4	3	4				
5	3	3	3				
6	0*	3	1				
7	0*	0*	3				

B.5. Asks for help when needed

S	0 ₁	0 ₂	0 ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	0*	2	0*	-.11	1.00	-.11	.26
2	0*	1	0*				
3	2	2	2				
4	0*	1	0*				
5	0*	2	0*				
6	2	2	2				
7	3	0*	3				

B.6. Participates appropriately

S	0 ₁	0 ₂	0 ₃	r _{01 & 02}	r _{01 & 03}	r _{02 & 03}	r _{\bar{X}}
1	4	4	3	.60	.70	.52	.61
2	4	4	4				
3	3	2	3				
4	4	3	4				
5	4	3	3				
6	2	3	3				
7	5	4	5				

110 . 5.4

θ	η
0	1
1	2
2	3
3	4
4	5
5	6
6	7
7	8
8	9
9	0

External Source Reliability
(Learning Disabled)

I. Academic Skills

A.1. Sits in assigned area

S	O	T	r
1	4	4	error**
2	4	3	
3	4	4	

A.2. Does not interrupt others

S	O	T	r
1	4	3	error**
2	4	3	
3	4	4	

A.3. Attends to task

S	O	T	r
1	3	4	error**
2	3	3	
3	3	4	

A.4. Follows directions

S	O	T	r
1	4	4	-.50
2	4	3	
3	3	4	

A.5. Completes task independently

S	O	T	r
1	3	4	.50
2	4	4	
3	3	3	

External Source Reliability
(Learning Disabled)

II. Communication Skills

B.1. Attends to message/instructions

S	O	T	r
1	4	5	error**
2	4	4	
3	4	4	

B.2. Makes eye contact during conversation

S	O	T	r
1	4	4	1.00
2	4	4	
3	3	3	

B.3. Responds to message/
instructions (verbally)

S	O	T	r
1	4	4	error**
2	4	3	
3	4	3	

B.3. Responds to message/
instructions (physically)

S	O	T	r
1	4	1	error**
2	4	2	
3	4	4	

C.1. Expresses simple ideas
(verbally)

S	O	T	r
1	3	4	0
2	4	5	
3	4	3	

C.1. Expresses simple ideas
(nonverbally)

S	O	T	r
1	3	4	error**
2	3	5	
3	3	4	

C.2. Expresses feelings
(verbally)

S	O	T	r
1	2	2	1.00
2	3	3	
3	2	2	

C.2. Expresses feelings
(nonverbally)

S	O	T	r
1	4	4	.50
2	3	4	
3	3	3	

II. Community Services

B.1.1. Activities

1	2
3	4
5	6
7	8
9	10

B.1.2. Results

1	2
3	4
5	6
7	8
9	10

B.1.3. Comments

1	2
3	4
5	6
7	8
9	10

B.1.4. Summary

1	2
3	4
5	6
7	8
9	10

External Source Reliability
(Learning Disabled)

II. Communication Skills

C.3. Expresses wants/needs
(verbally)

S	O	T	r
1	3	4	error**
2	3	5	
3	3	4	

C.4. Expresses with feeling
(verbally)

S	O	T	r
1	2	4	.76
2	3	5	
3	2	2	

C.3. Expresses wants/needs
(nonverbally)

S	O	T	r
1	3	4	error**
2	3	4	
3	3	4	

C.4. Expresses with feeling
(nonverbally)

S	O	T	r
1	3	4	.50
2	2	4	
3	2	3	

11. General

6.3.1. (a) (i) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)

2
1
2
1

1

1

1

External Source Reliability
(Learning Disabled)

II. Communication Skills

D.1. Verbalizes names of objects

S	O	T	r
1	3	3	1.00
2	3	5	
3	4	4	

D.2. Uses verbs/action words

S	O	T	r
1	2	2	.76
2	4	5	
3	4	3	

D.3. Speaks in 1-2 word phrases

S	O	T	r
1	4	4	.87
2	3	2	
3	3	3	

D.4. Speaks in sentences
(simple sentences)

S	O	T	r
1	1	1	.99
2	4	5	
3	3	4	

D.4. Speaks in sentences
(complex sentences)

S	O	T	r
1	1	1	.33
2	2	4	
3	3	2	

11. Comparison of

12. Comparison of

13. Comparison of

14. Comparison of

15. Comparison of

16. Comparison of

17. Comparison of

18. Comparison of

19. Comparison of

20. Comparison of

21. Comparison of

22. Comparison of

23. Comparison of

24. Comparison of

25. Comparison of

26. Comparison of

External Source Reliability
(Learning Disabled)

III. Motor Skills

A.1. Beats a steady beat
(with an instrument)

S	O	T	r
1	3	3	error**
2	3	3	
3	3	3	

A.2. Claps hands

S	O	T	r
1	3	3	error**
2	4	3	
3	3	3	

A.4. Ambulates smoothly

S	O	T	r
1	3	3	error**
2	3	2	
3	3	3	

A.1. Beats a steady beat (other,
i.e., clapping, patting)

S	O	T	r
1	3	3	error**
2	2	3	
3	1	3	

A.3. Completes motor sequences

S	O	T	r
1	3	3	error**
2	4	3	
3	4	3	

1000 000 000

A.1. B.1. C.1. D.1. E.1. F.1. G.1. H.1. I.1. J.1. K.1. L.1. M.1. N.1. O.1. P.1. Q.1. R.1. S.1. T.1. U.1. V.1. W.1. X.1. Y.1. Z.1.

1000 000 000
1000 000 000
1000 000 000
1000 000 000
1000 000 000

1000 000 000

1000 000 000
1000 000 000
1000 000 000
1000 000 000

1000 000 000

1000 000 000
1000 000 000
1000 000 000
1000 000 000

External Source Reliability
(Learning Disabled)

III. Motor Skills

B.1. Grasps with: right hand

S	O	T	r
1	4	4	error**
2	4	2	
3	4	4	

B.1. Grasps with: left hand

S	O	T	r
1	4	2	.50
2	4	4	
3	3	2	

B.2. Uses 2 hands independently

S	O	T	r
1	3	4	-.49
2	4	3	
3	3	3	

B.3. Eye-hand coordination;
well-demonstrated

S	O	T	r
1	4	3	-.50
2	4	2	
3	3	3	

B.4. Uses independent finger
movement

S	O	T	r
1	3	3	-.99
2	4	2	
3	4	2	

External Source Reliability
(Learning Disabled)

IV. Affective Characteristics

A.1. Makes positive comments
about self

S	O	T	r
1	1	3	-.99
2	1	3	
3	2	2	

A.2. Displays pride in work
(verbally)

S	O	T	r
1	1	3	0
2	2	4	
3	2	2	

A.2. Displays pride in work
(nonverbally)

S	O	T	r
1	3	4	error**
2	3	3	
3	3	3	

A.3. Perseveres at difficult
tasks

S	O	T	r
1	3	3	error**
2	3	4	
3	3	3	

A.5. Maintains eye contact

S	O	T	r
1	4	4	1.00
2	4	4	
3	3	3	

A.6. Exhibits healthy grooming
habits/appearance

S	O	T	r
1	3	5	-.87
2	5	3	
3	4	3	

17. Affective

A.1. 1988
1988

1	2
1	1
2	2
3	3

A.2. 1988
1988

1	2
1	1
2	2
3	3

A.3. 1988
1988

1	2
1	1
2	2
3	3

External Source Reliability
(Learning Disabled)

IV. Affective Characteristics

B.1. Actively responds with physical
&/or facial affect

S	O	T	r
1	3	4	.50
2	4	4	
3	3	2	

B.2. Expresses appropriate
emotions (verbally)

S	O	T	r
1	3	3	error**
2	4	3	
3	4	3	

B.2. Expresses appropriate
emotions (nonverbally)

S	O	T	r
1	4	4	.87
2	5	4	
3	3	3	

B.3. Identifies emotions

S	O	T	r
1	0*	4	error**
2	4	4	
3	4	4	

B.4. Identifies situations/
examples of different
emotions

S	O	T	r
1	2	2	1.00
2	4	3	
3	4	3	

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

11. 12. 13. 14. 15. 16. 17. 18. 19. 20.

21. 22. 23. 24. 25. 26. 27. 28. 29. 30.

31. 32. 33. 34. 35. 36. 37. 38. 39. 40.

41. 42. 43. 44. 45. 46. 47. 48. 49. 50.

51. 52. 53. 54. 55. 56. 57. 58. 59. 60.

61. 62. 63. 64. 65. 66. 67. 68. 69. 70.

71. 72. 73. 74. 75. 76. 77. 78. 79. 80.

81. 82. 83. 84. 85. 86. 87. 88. 89. 90.

91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

101. 102. 103. 104. 105. 106. 107. 108. 109. 110.

111. 112. 113. 114. 115. 116. 117. 118. 119. 120.

121. 122. 123. 124. 125. 126. 127. 128. 129. 130.

131. 132. 133. 134. 135. 136. 137. 138. 139. 140.

141. 142. 143. 144. 145. 146. 147. 148. 149. 150.

151. 152. 153. 154. 155. 156. 157. 158. 159. 160.

161. 162. 163. 164. 165. 166. 167. 168. 169. 170.

171. 172. 173. 174. 175. 176. 177. 178. 179. 180.

External Source Reliability
(Learning Disabled)

V. Social Skills

A.1. Communicates in appropriate manner (verbally)

S	O	T	r
1	3	3	error**
2	4	3	
3	4	3	

A.2. Initiates interaction

S	O	T	r
1	3	3	.87
2	4	4	
3	3	2	

A.4. Interacts appropriately (verbally)

S	O	T	r
1	4	3	error**
2	4	3	
3	4	3	

A.1. Communicates in appropriate manner (nonverbally)

S	O	T	r
1	4	4	1.00
2	3	3	
3	3	3	

A.3. Takes turns & shares

S	O	T	r
1	3	4	-.50
2	4	3	
3	4	4	

A.4. Interacts appropriately (nonverbally)

S	O	T	r
1	3	4	-.99
2	4	3	
3	4	3	

SECRET

External Source Reliability
(Learning Disabled)

V. Social Skills

B.1. Responds when name is called

S	O	T	r
1	4	5	error**
2	4	4	
3	4	5	

B.2. Responds to defined limits

S	O	T	r
1	3	5	-.99
2	4	3	
3	3	5	

B.3. Accepts help from others

S	O	T	r
1	4	5	1.00
2	3	4	
3	3	4	

B.4. Offers help to others

S	O	T	r
1	2	4	0
2	4	4	
3	3	3	

B.5. Asks for help when needed

S	O	T	r
1	2	4	.50
2	1	4	
3	1	3	

B.6. Participates appropriately

S	O	T	r
1	4	4	-.49
2	4	3	
3	3	4	

V. Social 2011

2011-2012

1	2
3	4
5	6
7	8

2011-2012

1	2
3	4

2011-2012

2011-2012

1	2
3	4

External Source Reliability
(Emotionally Impaired &
Autistically Impaired)

I. Academic Skills

A.1. Sits in assigned area

S	O	T	r
1	5	4	-.19
2	2	5	
3	3	4	
4	5	5	

A.2. Does not interrupt others

S	O	T	r
1	5	3	.19
2	5	5	
3	4	2	
4	4	5	

A.3. Attends to task

S	O	T	r
1	4	3	-.26
2	4	2	
3	3	4	
4	4	5	

A.4. Follows directions

S	O	T	r
1	4	4	0
2	3	5	
3	4	4	
4	5	5	

A.5. Completes task independently

S	O	T	r
1	4	4	-.13
2	4	2	
3	3	4	
4	4	5	

External Source Reliability
(Emotionally Impaired &
Autistically Impaired)

II. Communication Skills

B.1. Attends to message/instructions

S	O	T	r
1	4	4	0
2	4	5	
3	3	5	
4	5	5	

B.2. Makes eye contact during conversation

S	O	T	r
1	3	5	-.17
2	3	5	
3	3	3	
4	4	4	

B.3. Responds to message/
instructions (verbally)

S	O	T	r
1	4	5	.87
2	4	4	
3	3	3	
4	4	5	

B.3. Responds to message/
instructions (physically)

S	O	T	r
1	4	5	error**
2	4	5	
3	4	4	
4	4	5	

C.1. Expresses simple ideas
(verbally)

S	O	T	r
1	3	4	.13
2	3	5	
3	3	2	
4	4	4	

C.1. Expresses simple ideas
(nonverbally)

S	O	T	r
1	3	1	0
2	3	5	
3	2	1	
4	4	1	

11. *Commersonia*

12. *Commersonia*

	1	2
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1

13. *Commersonia*

14. *Commersonia*

	1	2
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1

15. *Commersonia*

16. *Commersonia*

	1	2
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1

External Source Reliability
(Emotionally Impaired &
Autistically Impaired)

II. Communication Skills

C.2. Expresses feelings
(verbally)

S	O	T	r
1	2	4	-.33
2	3	4	
3	3	1	
4	3	4	

C.2. Expresses feelings
(nonverbally)

S	O	T	r
1	2	1	.90
2	3	1	
3	4	2	
4	4	2	

C.3. Expresses wants/needs
(verbally)

S	O	T	r
1	3	5	error**
2	3	5	
3	3	5	
4	3	5	

C.3. Expresses wants/needs
(nonverbally)

S	O	T	r
1	2	1	0
2	4	1	
3	3	4	
4	3	4	

C.4. Expresses with feeling
(verbally)

S	O	T	r
1	2	2	.52
2	4	4	
3	2	4	
4	2	3	

C.4. Expresses with feeling
(nonverbally)

S	O	T	r
1	3	1	.47
2	4	1	
3	4	2	
4	4	4	

Continued from
 C. J. Express
 (over)

	2
1	1
2	2
3	3
4	4

C. J. Express
 (over)

	2
1	1
2	2
3	3
4	4

C. J. Express
 (over)

	2
1	1
2	2
3	3
4	4

External Source Reliability
(Emotionally Impaired &
Autistically Impaired)

II. Communication Skills

D.1. Verbalizes names of objects

S	O	T	r
1	3	5	error**
2	5	5	
3	3	5	
4	4	5	

D.2. Uses verbs/action words

S	O	T	r
1	4	5	error**
2	4	5	
3	2	5	
4	4	5	

D.3. Speaks in 1-2 word phrases

S	O	T	r
1	3	5	error**
2	3	5	
3	4	5	
4	4	5	

D.4. Speaks in sentences
(simple sentences)

S	O	T	r
1	3	5	1.00
2	3	5	
3	2	3	
4	3	5	

D.4. Speaks in sentences
(complex sentences)

S	O	T	r
1	3	5	.78
2	2	5	
3	1	1	
4	3	4	

II. Component

D.I. Verbal

2	1
1	2
2	3
3	4
4	5

D.I. Verbal

2	1
1	2
2	3
3	4
4	5

D.I. Verbal

2	1
1	2
2	3
3	4
4	5

External Source Reliability
(Emotionally Impaired &
Autistically Impaired)

III. Motor Skills

A.1. Beats a steady beat
(with an instrument)

S	O	T	r
1	4	2	.66
2	2	2	
3	4	2	
4	5	4	

A.2. Claps hands

S	O	T	r
1	3	4	.58
2	3	2	
3	4	2	
4	4	4	

A.4. Ambulates smoothly

S	O	T	r
1	4	2	0
2	3	4	
3	3	2	
4	4	4	

A.1. Beats a steady beat (other,
i.e., clapping, patting)

S	O	T	r
1	4	4	.58
2	2	2	
3	4	2	
4	4	4	

A.3. Completes motor sequences

S	O	T	r
1	3	2	.82
2	4	4	
3	4	2	
4	5	5	

U.S. Bureau of Census

U.S. Census Bureau

U.S. Census Bureau

U.S. Census Bureau
U.S. Census Bureau
U.S. Census Bureau
U.S. Census Bureau
U.S. Census Bureau
U.S. Census Bureau

U.S. Census Bureau

U.S. Census Bureau
U.S. Census Bureau
U.S. Census Bureau
U.S. Census Bureau
U.S. Census Bureau
U.S. Census Bureau

U.S. Census Bureau

U.S. Census Bureau
U.S. Census Bureau
U.S. Census Bureau
U.S. Census Bureau
U.S. Census Bureau
U.S. Census Bureau

External Source Reliability
(Emotionally Impaired &
Autistically Impaired)

III. Motor Skills

B.1. Grasps with: right hand

S	O	T	r
1	4	5	error**
2	4	5	
3	4	3	
4	4	5	

B.1. Grasps with: left hand

S	O	T	r
1	4	1	-.17
2	4	1	
3	3	3	
4	4	5	

B.2. Uses 2 hands independently

S	O	T	r
1	4	5	-.33
2	4	1	
3	3	5	
4	4	5	

B.3. Eye-hand coordination
well-demonstrated

S	O	T	r
1	5	5	.58
2	4	5	
3	4	3	
4	5	5	

B.4. Uses independent finger
movement

S	O	T	r
1	4	5	error**
2	4	5	
3	4	3	
4	4	5	

III. Notes on the

of the

1	2
1	1
2	2
3	3
4	4

of the

1	2
1	1
2	2
3	3
4	4

of the

1	2
1	1
2	2
3	3
4	4

External Source Reliability
(Emotionally Impaired &
Autistically Impaired)

IV. Affective Characteristics

A.1. Makes positive comments
about self

S	O	T	r
1	1	1	.82
2	2	2	
3	1	1	
4	2	4	

A.2. Displays pride in work
(verbally)

S	O	T	r
1	3	2	-.76
2	3	2	
3	1	4	
4	2	5	

A.2. Displays pride in work
(nonverbally)

S	O	T	r
1	3	4	error**
2	4	4	
3	3	4	
4	3	4	

A.3. Perseveres at difficult
tasks

S	O	T	r
1	4	4	.78
2	2	1	
3	3	1	
4	5	3	

A.5. Maintains eye contact

S	O	T	r
1	3	4	.65
2	3	4	
3	2	2	
4	4	4	

A.6. Exhibits healthy grooming
habits/appearance

S	O	T	r
1	5	3	-.58
2	4	5	
3	4	3	
4	4	5	

W. J. ALLEN, JR.

ALLEN, JR. & CO., INC.

NEW YORK

DATE	NO.	QTY.
1917	1	1
1918	2	2
1919	3	3
1920	4	4

ALLEN, JR. & CO., INC.

1917	1
1918	2
1919	3
1920	4

ALLEN, JR. & CO., INC.

1917	1
1918	2
1919	3
1920	4

External Source Reliability
(Emotionally Impaired &
Autistically Impaired)

IV. Affective Characteristics

B.1. Actively responds with physical
&/or facial affect

S	O	T	r
1	3	1	.95
2	4	4	
3	3	2	
4	4	5	

B.2. Expresses appropriate
emotions (verbally)

S	O	T	r
1	2	1	.96
2	3	3	
3	3	2	
4	4	5	

B.2. Expresses appropriate
emotions (nonverbally)

S	O	T	r
1	3	2	.30
2	3	3	
3	4	2	
4	4	4	

B.3. Identifies emotions

S	T	O	r
1	3	1	.43
2	2	2	
3	3	1	
4	4	3	

B.4. Identifies situations/
examples of different
emotions

S	O	T	r
1	2	3	0
2	4	2	
3	2	1	
4	2	2	

IV. Appendix

A. Appendix A

Table 1

Year	1960	1961	1962	1963	1964
1	1	1	1	1	1
2	1	1	1	1	1
3	1	1	1	1	1
4	1	1	1	1	1

B. Appendix B

Table 2

Year	1960	1961	1962	1963	1964
1	1	1	1	1	1
2	1	1	1	1	1
3	1	1	1	1	1
4	1	1	1	1	1

C. Appendix C

Table 3

Year	1960	1961	1962	1963	1964
1	1	1	1	1	1
2	1	1	1	1	1
3	1	1	1	1	1
4	1	1	1	1	1

1

External Source Reliability
(Emotionally Impaired &
Autistically Impaired)

V. Social Skills

A.1. Communicates in appropriate
manner (verbally)

S	O	T	r
1	3	3	.58
2	3	2	
3	3	3	
4	4	3	

A.2. Initiates interaction

S	O	T	r
1	3	3	error**
2	4	3	
3	2	3	
4	3	3	

A.4. Interacts appropriately
(verbally)

S	O	T	r
1	3	2	.85
2	4	3	
3	3	3	
4	5	4	

A.1. Communicates in appropriate
manner (nonverbally)

S	O	T	r
1	3	2	error**
2	3	2	
3	3	2	
4	4	2	

A.3. Takes turns and shares

S	O	T	r
1	4	2	error**
2	4	5	
3	4	3	
4	4	4	

A.4. Interacts appropriately
(nonverbally)

S	O	T	r
1	3	2	-.33
2	3	3	
3	3	2	
4	5	2	

7. Social Skills

A.1. Communication Skills

1	2
1	2
1	2
1	2
1	2

A.2. Interpersonal Skills

1	2
1	2
1	2
1	2
1	2

A.3. Problem Solving Skills

1	2
1	2
1	2
1	2
1	2

External Source Reliability
(Emotionally Impaired &
Autistically Impaired)

V. Social Skills

B.1. Responds when name is called

S	O	T	r
1	4	5	error**
2	4	5	
3	3	5	
4	5	5	

B.2. Responds to defined limits

S	O	T	r
1	4	4	.30
2	3	5	
3	3	4	
4	5	5	

B.3. Accepts help from others

S	O	T	r
1	4	2	0
2	3	5	
3	4	4	
4	5	5	

B.4. Offers help to others

S	O	T	r
1	3	2	-.36
2	1	2	
3	2	1	
4	3	5	

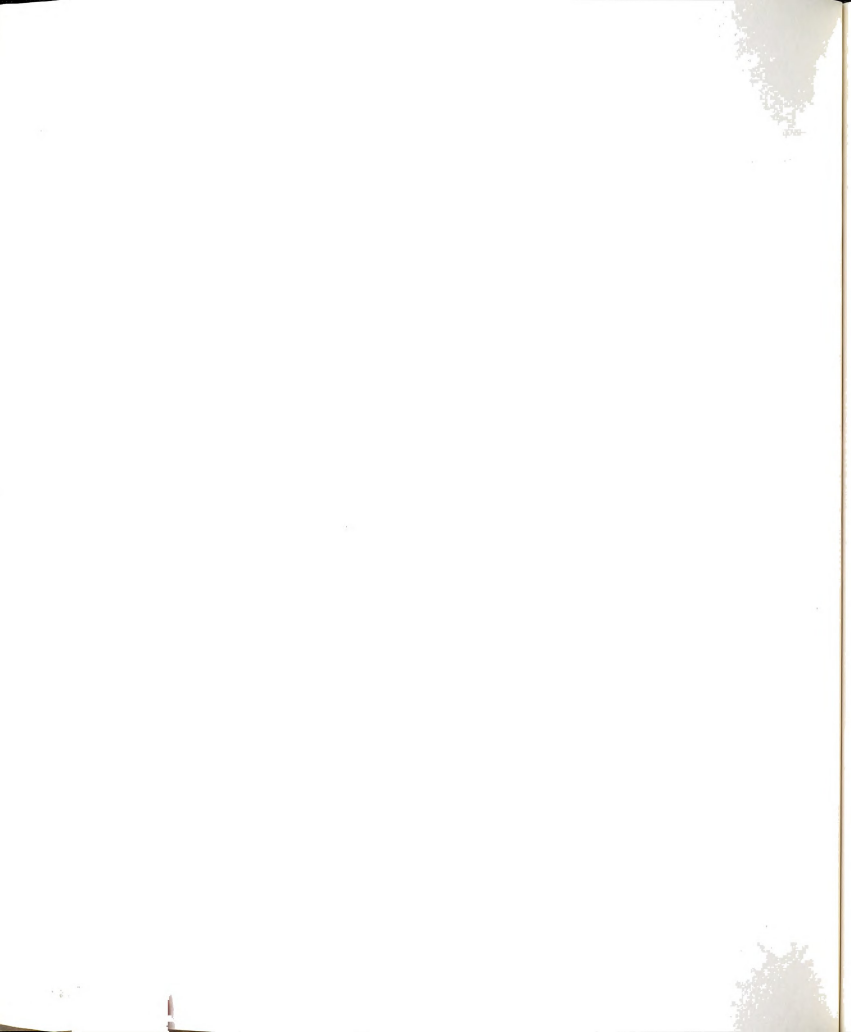
B.5. Asks for help when needed

S	O	T	r
1	1	2	.65
2	2	1	
3	2	1	
4	3	5	

B.6. Participates appropriately

S	O	T	r
1	4	4	.95
2	3	2	
3	2	2	
4	5	5	

REFERENCES



REFERENCES

- Alley, J. M. (1979). Music in the IEP: Therapy/Education. Journal of Music Therapy, 16, 111-127.
- American Psychiatric Association. (1987). Diagnostic and statistical manual of mental disorders (3rd ed.-revised). Washington, DC: Author.
- Boone, P. (1980). Procedure manual for the administration of D.A.M.R.E.B.: Diagnostic Assessment of Music Related Expression and Behavior. Unpublished manuscript.
- Boone, P. (1980). D.A.M.R.E.B. Score Sheet. Unpublished manuscript.
- Boxill, E. H. (1985). Assessment and treatment planning. In E. H. Boxill (Ed.), Music therapy for the developmentally disabled (pp. 23-70). Rockford, MD: Aspen Systems.
- Braswell, C., Brooks, D. M., Decuir, A., Humphrey, T., Jacobs, K. W., & Sutton, K. (1983). Development and implementation of a music/activity therapy intake assessment for psychiatric patients: Part I: Initial standardization procedures on data from university students. Journal of Music Therapy, 20, 88-100.
- Bruscia, K. E. (1987). Improvisational models of music therapy. Springfield, IL: Charles C. Thomas.
- Carter, S. A. (1984). Music therapy for mentally retarded children. In W. B. Lathom & C. T. Eagle (Eds.), Music therapy for handicapped children (2nd ed.) (pp. 63-114). Lawrence, KS: Meseraull Printing, Inc.
- Cohen, G., Averbach, J., & Katz, E. (1978). Music therapy assessment of the developmentally disabled client. Journal of Music Therapy, 15, 88-99.
- Cohen, G. & Gericke, O. L. (1972). Music therapy assessment: Prime requisite for determining patient objectives. Journal of Music Therapy, 9, 161-189.

Alfred J. ...

American ...

George ...

Edward ...

Benjamin ...

John ...

Arthur ...

Charles ...

Robert ...

David ...

- Crocker, D. B. (1968). Clinical experiences with emotionally disturbed children. In E. T. Gaston, Music in therapy (pp. 202-207). New York: MacMillan Publishing.
- Diephouse, J. W. (1967). Music therapy: a valuable adjunct to psychotherapy with children. Journal of Autism and Childhood Schizophrenia, 42, 75-85.
- Dickinson, P. I. (1976). Music With ESN Children: A Guide For The Classroom Teacher. Windsor, Berks, Great Britian: NFER Publishing.
- Goodwin, W. L. & Driscoll, L. A. (1980). Handbook for Measurement and Evaluation in Early Childhood Education. San Francisco, Josey-Bass.
- Henry, D., Knoll, C. D., & Anderson, S. E. (1982). Music Works...a Handbook for Music Therapists. Stephenville, TX: Music Works.
- Hollander, F. M. & Juhrs, P. D. (1974). Orff-Schulwerk, an effective treatment tool with autistic children. Journal of Music Therapy, 11, 1-12.
- James, M. R. (1986). Utilization of motor skills assessments in clinical practice. Music Therapy Perspectives, 3, 9-12.
- Kelly, E. L. (1967). Assessment of Human Characteristics. Belmont, CA: Brooks/Cole.
- Kessler, J. (1967). Therapeutic methods for exceptional children. Journal of Music Therapy, 4(1), 1-2.
- Mahan, T. & Mahan, A. (1981). Assessing Children with Special Needs: A practical guide for the use of psychological, behavioral, and educational measures. New York: Holt, Rinehart, & Winston.
- Mahlberg, M. (1973). Music therapy in the treatment of an autistic child. Journal of Music Therapy, 10, 189-193.
- Michel, D. E. (1985). Music Therapy: An Introduction, Including Music in Special Education. Springfield, IL: Charles C. Thomas.

19

- Michel, D. E. & Rohrbacher, M. (Eds.). (1982). The Music Therapy Assessment Profile for Severely/Profoundly Handicapped Persons, Research Draft III (0-27 Months Level). [Monograph]. Washington, DC: National Association for Music Therapy.
- National Association for Music Therapy, Inc. (1987). Standards of clinical practice. Washington, D.C.: Author.
- Nordoff, P. & Robbins, C. (1985). Therapy in Music for Handicapped Children. London: Victor Gollancz LTD.
- Palmer, H. (1981). Hap Palmer Favorites: Songs for learning through music and movement. Sherman Oaks, CA: Alfred Publishing.
- Paul, D. W. (1984). Music therapy for emotionally disturbed children. In W. B. Lathom & C. T. Eagle (Eds.), Music therapy for handicapped children (2nd ed.) (pp. 1-59). Lawrence, KS: Meseraull Printing, Inc.
- Rider, M. S. (1981). The assessment of cognitive functioning level through music perception. Journal of Music Therapy, 18, 110-119.
- Sattler, J. M. (1988). Assessment of children (3rd ed.). San Diego: Author.
- Scovel, M. (1986). DRGs: A prospective payment system of reimbursement. In K. Gfeller (Ed.), Fiscal, Regulatory, and Legislative Issues for the Music Therapist (pp. 9-14). Washington, D.C.: National Association for Music Therapy.
- Stanley, J. C. & Hopkins, K. D. (1972). Educational and Psychological Measurement and Evaluation. Englewood Cliffs, N.J.: Prentice-Hall.
- Steele, A. L., Vaughan, M., & Dolan, C. (1976). The school support program: Music therapy for adjustment problems in elementary schools. Journal of Music Therapy, 13, 87-100.
- Stevens, E. & Clark, F. (1969). Music therapy in the treatment of autistic children. Journal of Music Therapy, 6, 98-104.
- Sutton, K. (1984). The development and implementation of a Music Therapy Physiological Measures Test. Journal of Music Therapy, 21, 160-169.

- Swanson, C. A. (1988). Music Therapy Profile of Children's Abilities: Therapist's Manual. Unpublished manuscript.
- Taylor, R. (1984). Assessment of Exceptional Students: Educational and Psychological Procedures. Englewood Cliffs, N.J.: Prentice-Hall.
- Thaut, M. H. (1984). A music therapy treatment model for autistic children. Music Therapy Perspectives, 1(4), 7-13.
- Werbner, N. (1966). The practice of music therapy with psychotic children. Journal of Music Therapy, 3, 25-31.
- Woolf, H. B. (Ed.). (1977). Webster's New Collegiate Dictionary. Springfield, MA: G. & C. Merriam.





MICHIGAN STATE UNIV. LIBRARIES



31293005713270