

Mommy & Me Music Therapy Group Quantitative Evaluation

First & Last Name: _____

Date: _____

Child's Name: _____

Session #: _____

Test Type:

- Pre-Test Post-Test Evaluation

Gender Identity:

- Female Male Other

Age: _____

Would you describe yourself as:

- Asian American Indian/Alaskan Native Black or African American
- Caucasian/White Native Hawaiian/Other Pacific Islander More Than One Race
- Unknown

Ethnicity:

- Hispanic or Latino Not Hispanic or Latino

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
1. Client and child demonstrated positive bonding and attachment behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Client made consistent eye contact with her child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Client used mimicking and call and response to encourage child to vocalize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Client sang and engaged in musical play with her child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Client used positive communication to help child emotionally regulate and follow directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>