



**Music Therapy in Public Schools may be provided in one of two ways**

1. By decision of the IEP Committee - based on the assessment.
2. By decision of the school district.

The IEP committee, at the request of a parent or a school district representative, may request a music therapy assessment for a particular student. The assessment must be administered by a board-certified music therapist (MT-BC) and the process (records review, interviews, observation, MT assessment, report preparation) usually takes 4-6 hours. The purpose of the music therapy assessment is to determine whether music therapy is necessary for the student to benefit from his/her education. This is decided by looking at whether or not music provides the student with a significant motivation and/or a significant assist in participating in his or her educational program. A comprehensive music therapy assessment will include a music therapy evaluation that has been designed to address the specific goals and objectives of the student in question, and an observation in the classroom so that a comparison can be made. A student may "enjoy" music, but perform no better in a music therapy structure than he or she does in a regular classroom. A student may readily participate and successfully complete functional tasks in music therapy, but the goals achieved must be listed in the IEP.

Again, a related service like music therapy is provided ONLY when it has been shown to be necessary for the student to benefit from his or her educational program. Once the music therapy assessment has been completed, the IEP committee meets to review the report and recommendations. If the IEP committee, including the parent or guardian, agrees with the findings of the music therapy report (recommendation or denial), that decision is legally binding. If the service is recommended, it must be provided. Decision about the need for a particular related service is reviewed annually. A student may continue to receive the service if educational need is again established;

service provision may be changed if the student's performance changes; or service may be discontinued if it is no longer necessary.

### **MUSIC THERAPY ASSESSMENT CRITERIA**

**The following questions may help members of a student's IEP committee determine the appropriateness of a music therapy assessment.**

Before contacting a music therapist to perform an assessment, the following questions should be discussed and answered by the parent(s)/guardian(s) of the student, the teacher of the student and at least one other district representative. A "no" response to one or more questions does not necessarily mean that a student is inappropriate for a music therapy assessment. If disagreements or questions arise, a music therapist should be contacted.

1. Can the student be motivated to attempt tasks through the use of music?
2. Can the student be motivated to complete tasks through the use of music?
3. Could the student benefit from the use of additional communication modalities?
4. Does the student initiate interaction with music or musical instruments in the classroom or in the home?
5. Does the student retain information conveyed in songs more easily than information conveyed in spoken interchanges?

### **By Decision of the School District - Educational Consult**

With this approach, the school district (not the IEP committee) makes the decision to identify and prioritize groups of students who could benefit specifically from music therapy intervention. Groups of students that are prioritized often include those who, due to disability and/or age, have difficulty benefiting from traditional types of school instruction. These groups might include: students in early childhood programs, students with autism, students with severe/profound disabilities and students with multiple disabilities and inclusion classes.

Service provided in this manner is described as "consult to teacher and/or program".

Assessments are NOT conducted for each individual student, and specific music therapy goals and objectives do NOT appear on the students' IEP's. Most importantly, music therapy is NOT listed as a related service for the students who are receiving the consult service. However, a description of the student's class/program may include a statement like, "a music therapist serves as an educational consultant to the \_\_\_\_\_ class."

As an educational consultant, the music therapist makes regular visits to each designated classroom, conducting sessions which serve as models for the teachers and aides. Those staff then carry out the music therapy program during the time period between visits. The music therapist might come weekly to the classroom or every other week: the frequency of the consult visits is determined by the school district. There is a strong focus in this model on assisting the teacher to use music throughout each day as an effective educational tool. Visual aid patterns, tapes and other materials are provided to the teacher on a regular basis by the music therapy consultant. When music therapy service is provided in this manner, it is the district's decision as to whether or not service is continued or discontinued. Provision of service in this manner cannot be legally mandated by the IEP committee.

### **Benefits of the Educational Enrichment Model of Music Therapy**

- The amount of time and resources used to assess and serve one or two students could just as effectively be used to serve the whole classroom. The cost is then spread across a larger number of students. Music therapy is a wonderful way to encourage development and learning in infants and toddlers. Music stimulates all of the senses and involves the child at many levels. Quality learning and participation occur because music is highly motivating.
- Teachers gain skills that they can use on a regular basis to effectively and consistently intervene with students. The abilities of the teachers and other staff personnel are strengthened and enhanced.

- When only one or two students have music therapy in their IEP's, few teachers have contact with the music therapist because he or she comes to only a few classrooms, and pulls students out into a separate room for the sessions. Teachers lose the opportunity to learn effective intervention techniques that could lessen their frustration in working with their most challenging students. Providing teachers with innovative ideas and stimulating their own creativity can be a way to motivate them and reduce turnover.
- When music therapy is provided to just a few, designated students, the district misses an opportunity for positive public relations. A school district can benefit from the public's knowledge that it utilizes a cost effective, innovative strategy in meeting the needs of its students.
- While parents still have the right to request that the IEP committee evaluate music therapy's role in their child's IEP, music therapy's involvement in a greater number of classrooms usually means that the frequency of high cost evaluations and direct service will decrease significantly.
- Most students with disabilities have social and language deficits that are best addressed within a group setting. "Pull-out" therapy does not give the student the advantage of learning and working within a peer group- and the teacher does not benefit from observing if the student is pulled out of the classroom for therapy.
- Music therapy is particularly effective in addressing several different levels of skill in a single group. Teachers who have learned through the consult program model may find that music therapy gives them an opportunity to work with their entire class while at the same time giving particular students chances to work on specific goals.

## **5 THINGS TO REMEMBER**

1. Music therapy *\*is\** a related service: this was originally stated in the congressional report on IDEA and it recently has been affirmed by the federal Office of Special Education.
2. The only way for music therapy to be placed on an IEP as a related service is through an assessment conducted by a qualified music therapist.
3. Music therapy may be provided as an educational consult service to a group of students (early childhood or autism programs, for example) - and this may provide more children with service and teachers with materials they can use on a daily basis - but it should *\*not\** be listed as a related service on any student's IEP if that student has not received an individual assessment.
4. An assessment for music therapy as a related service should, at minimum, include a review of the student's current IEP, interviews with key IEP team members, and an assessment process/instrument that provides specific data as to whether or not music therapy makes a significant difference in a student's ability to benefit from his or her IEP.
5. The standard for recommending music therapy in the public schools (according to the federal law) is usually more stringent than that for therapy in other settings. While a child may enjoy music and even "benefit" from the inclusion of music in the education and therapy, in order for music therapy to be recommended as a related service, it must be "required" for a child to benefit from his or her special education program.

If you have any questions or would like to schedule a meeting with us, please reach out to Ian Vereen, Director of Clinical Services at Neuroscapes: Music Therapy & Integrated Services

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