Sound Match

Session Form

Client Name: _____ Date: _____ Session #:_____

Page 1 (first set of four instruments)	
Demonstrates ability to find all four instruments on both computer/Apple device and Beamz unit:	
Cues or prompts needed:	
Number of repetitions needed to memorize instruments:	
Able to play all four instruments on Beamz unit without computer/Apple device visible:	
Cues or prompts needed:	
Number of individual beams played for client by therapist:	
Number of individual beams client correctly played for therapist:	
Number of individual beams client incorrectly played	
Cues or prompts needed:	

Page 2 (second set of four instruments)	
Demonstrates ability to find all four instruments on both computer/Apple device and Beamz unit:	
Cues or prompts needed:	
Number of repetitions needed to memorize instruments:	
Able to play all four instruments on Beamz unit without computer/Apple device visible:	
Cues or prompts needed:	
Number of individual beams played for client by therapist:	
Number of individual beams client correctly played for therapist:	
Number of individual beams client incorrectly played:	
Cues or prompts needed:	