



Greetings,

Thank you for your interest in our music program. I'm honored to have the opportunity to support you/ your child in exploring music in a joyful and supportive environment.

To help me understand your/ your child's unique strengths, interests, and needs, please complete the attached short intake form. This will guide me in planning lessons that are both engaging and developmentally appropriate. All responses are confidential and securely filed.

After the intake form is completed and returned, we will review it, then contact you to discuss a plan for the scheduling of services. We look forward to working with you/ your child.

Kind regards,

**Harold L. Rosemond**  
Founder & Instructor  
HLR Publishing, LLC



# School of Music

## Intake Form

### **Student Participant/ Child's Information**

- Participant/ Child's Full Name: \_\_\_\_\_
- Age: \_\_\_\_\_
- Diagnosis (if applicable): \_\_\_\_\_
- Preferred Name/Nickname: \_\_\_\_\_
- Primary Method of Communication: ☐ Verbal ☐ Nonverbal ☐ AAC ☐ Sign Language ☐ Other:  
\_\_\_\_\_

### **Music Interests & Experience**

1. Have you/ the participant had any exposure to music lessons or activities before?  
☐ Yes ☐ No  
If yes, what type (instrument, group, school-based, etc.)? \_\_\_\_\_

2. What types of music or instruments do you/ the participant enjoy?
3. How do you/ the participant typically respond to music?  
(e.g., smiles, sings, claps, moves to rhythm, stays still):

### **Learning & Sensory Preferences**

4. How do you/ the participant learn best?  
☐ Visual ☐ Hands-on ☐ Auditory ☐ Step-by-step  
☐ Repetition ☐ Other: \_\_\_\_\_
5. Are there any motor or sensory needs we should know about?  
(e.g., sound sensitivity, trouble with fine motor tasks):
6. Are there strategies that help you/ the participant focus or stay calm?

### **Behavior & Support Needs**

7. Are there any behaviors to be aware of during lessons?
8. Do you/ the participant require a support person or adaptive equipment during lessons?  
☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_

### **Goals & Preferences**

9. What are your goals for you/ the participant through music?  
(☐ Skill-building ☐ Confidence ☐ Communication ☐ Fun ☐ Worship ☐ Income Generation  
☐ Other):
10. Would you like the lessons to include a faith-based or values-centered foundation?  
☐ Yes ☐ No ☐ Open to it

11. Are you open to non-musical outcomes (e.g., emotional regulation, socialization)?  
☐ Yes ☐ No

## Logistics

12. What lesson format do you prefer?  
☐ In-person ☐ Virtual ☐ Group ☐ One-on-one
13. Do you have any instruments and/ or an iPad at home for practice?  
☐ Yes ☐ No  
If yes, please list: \_\_\_\_\_
14. Best days/times for lessons: \_\_\_\_\_

## Final Notes

15. Is there anything else you'd like to share about yourself/ the participant, or your family's needs?

**Parent/ Guardian Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Preferred Contact Method:** ☐ Text ☐ Call ☐ Email

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_