
MUSIC THERAPY PARENT/GUARDIAN QUESTIONNAIRE

Please complete the following form. Although your child's information is required for data tracking and quality improvement, you will have the option at the end to share this information for marketing purposes and fundraising efforts for the music therapy program.

DEMOGRAPHICS

Child's Name: _____ Child's Birth Date: _____

Parent/Guardian Name: _____ Email: _____

Relationship to Child: _____

In what county does the child reside? (If out of Kansas, please provide county and state): _____

Diagnosis/Reason for Admission: _____

MUSIC THERAPY QUESTIONS

What are the greatest concerns you have for your child, excluding medical, while hospitalized? _____

What are your thoughts about music therapy and how it affects your child? _____

Do you feel like your child is benefiting/did benefit from music therapy services? ☐ Yes ☐ No

Why or why not? _____

In your opinion, what did your child benefit from most in music therapy sessions? Did you see any improvement? _____

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CONSENTS

What improvements do you feel could be made to enhance music therapy services at Wesley? _____

Parts of improving the music therapy program includes advocating and showing actual statements from patients and their families on their experience with music therapy at Wesley Children's Hospital.

_____ YES, I authorize the Kansas Children's Foundation and Wesley Children's Hospital to use any statement from above in marketing material for this purpose, including my child's information, such as names, ages, and diagnoses.

_____ YES, I authorize the Kansas Children's Foundation and Wesley Children's Hospital to use any statement from above in marketing material for this purpose, but please keep my child's information anonymous.

_____ NO, please do not use any of the above information for marketing materials (this feedback will be used for program development only, and will not be shared publicly).

By signing your name, you agree to the above terms, including approval or denial of information for public marketing: _____ Date: _____

SOCIAL MEDIA

The Kansas Children's Foundation posts photos, videos, and testimonials from music therapy sessions to their social media pages to inform donors and followers of what is happening with the program! Do you have any images/videos/stories you would be willing to share for this purpose (by choosing yes, you are authorizing a representative from the music therapy program to contact you about obtaining this media):

_____ Yes, please contact me for this media to be used on social media.

_____ No, please do not contact me for this media, OR No, I do not have any media to share.

CLICK THE IMAGES BELOW TO VIEW THE FACEBOOK PAGES AND FOLLOW ALONG WITH THE MUSIC THERAPY PROGRAM, AS WELL AS OTHER AMAZING PROGRAMS PROVIDED BY THESE ORGANIZATIONS!

