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Doylestown, PA 18902  
215-340-7979  
Fax: 215-340-6931

## *Prelude Project*

*... for people with exceptional needs*

### **ARTS THERAPY INFORMATION FORM**

The *Prelude Project* for creative arts therapy was initiated in 1998 at the Community Conservatory of Music. *Prelude* is designed for people with special needs and pronounced disabilities. CCM is dedicated to making participation in the arts accessible to all individuals.

To apply for the *Prelude Project*, please fill out and return this form to the address above. Please enclose a check for \$35 made payable to the "Community Conservatory of Music" to cover the cost of each initial assessment session with the arts therapist. Upon receipt of both your completed Information Form and payment, the assessment appointment will be scheduled. The application and enrollment process is on-going throughout the year.

I am applying for arts therapy for the following semester:

Fall Term 201 \_\_\_\_\_ Spring Term 201 \_\_\_\_\_ Summer Term 201 \_\_\_\_\_

Date: \_\_\_\_\_

CCM Office Use: Date Received \_\_\_\_\_

Student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parents, Guardian or Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person and Phone Number: \_\_\_\_\_

Residential Service Provider (*if applicable*): \_\_\_\_\_

Age of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Interested in: Music Therapy: \_\_\_\_\_ Dance/Movement Therapy: \_\_\_\_\_ Visual Art Therapy: \_\_\_\_\_

Referred to Community Conservatory of Music by: \_\_\_\_\_

Description of disability (*please include all relevant medical conditions*): \_\_\_\_\_

When was the disability first diagnosed?: \_\_\_\_\_

Is the student currently taking medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Does the student use any of the following? wheelchair \_\_\_\_\_ walker \_\_\_\_\_ braces \_\_\_\_\_  
splints \_\_\_\_\_ hearing aids \_\_\_\_\_ Braille writing equipment \_\_\_\_\_ other \_\_\_\_\_

Is the student receiving any of the following? medical services \_\_\_\_\_ psychiatric services \_\_\_\_\_  
occupational therapy \_\_\_\_\_ physical therapy \_\_\_\_\_ speech therapy \_\_\_\_\_ other \_\_\_\_\_

What is the nature of the student's communication? verbal \_\_\_\_\_ sign language \_\_\_\_\_  
gesture \_\_\_\_\_ language board \_\_\_\_\_ no system of communication \_\_\_\_\_

Does the student do any of the following? follow verbal directions \_\_\_\_\_ read \_\_\_\_\_  
write \_\_\_\_\_ recognize letters and/or numbers \_\_\_\_\_

What are your expectations in receiving arts therapy? \_\_\_\_\_

The Community Conservatory of Music has limited funds available to help offset the cost of tuition for those individuals and families that have a financial need. Scholarships are based on a sliding scale according to Adjusted Gross Income while taking into account exceptional circumstances. If you think that you may qualify and are interested in applying for financial aid, first complete the Arts Therapy Information Form and assessment session steps. Then, if the *Prelude Project* seems appropriate for the student, call 215-340-7979 to request a Prelude Project Financial Aid Application.

**Music Therapy**

Assessment Fee Paid Date \_\_\_\_\_ Check No. \_\_\_\_\_

Information Form given to therapist \_\_\_\_\_ Date \_\_\_\_\_

**Dance/Movement Therapy**

Assessment Fee Paid Date \_\_\_\_\_ Check No. \_\_\_\_\_

Information Form given to therapist \_\_\_\_\_ Date \_\_\_\_\_

**Visual Art Therapy**

Assessment Fee Paid Date \_\_\_\_\_ Check No. \_\_\_\_\_

Information Form given to therapist \_\_\_\_\_ Date \_\_\_\_\_