



COMMUNITY Conservatory

Music, Art & Drama for All

4459 W. Swamp Road; Doylestown, PA 18901
Phone: 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 exceptional 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 \$30 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 200_____ Spring Term 200_____ Summer Term 200_____

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:___

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

\$30 Assessment Fee Paid Date _____ Check No. _____

Information Form given to therapist _____ Date _____

Dance/Movement Therapy

\$30 Assessment Fee Paid Date _____ Check No. _____

Information Form given to therapist _____ Date _____