

Music Therapy Worksheet

Name	Date
What is the name of the song?	
What emotions or thoughts come to mind when you listen to the song?	
What part of the song is the most meaningful to you? Why?	
Do you have any specific memories associated with the song? If so, please describe.	
How does the song make you feel?	
Is there a particular instrument or sound that stands out to you in the song? Why is it significant?	
What lyrics or message in the song resonates with you the most?	

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Is there a moment in the song that particularly moves you or makes you feel a strong emotion? Explain.

If you could change anything about the song, what would it be?

What is your overall experience with this song and how has it impacted you in this moment?

Draw or sketch your thoughts and feelings while listening to the song.