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Love Music, Love Yourself!
Erasmus+ KA220-SCH –
Cooperation partnerships in school education

Project Result 1
GUIDELINE
The Basics of Music Therapy for
Students with Special Needs

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About Love Music, Love Yourself! Project

In the system of education, all students do not have equal conditions and opportunities. Some of them have divorced parents or no parents, are living with a step-mother or step-father, have financial problems, chronic health problems, psychophysiological disorders, even experience stress with the increasing amount of homework, etc.). The students who have experienced these various kinds of problems are defined as at risk students. They mostly cannot adapt to academic and social life among peers at school because of either their low self-esteem or aggressive behaviors.

The main assumption of the project is to show the therapeutic influence of music on the development of a young person. Music not only develops our artistic and aesthetic sensitivity but also supports learning processes. It is aimed to reduce or wipe out the negative attitudes towards education and reveal the hidden talents of at risk students by using music. According to the research, music can positively impact students at risk in the realms of communication, behavior management, and academics; even self-esteem and reduced anxiety are noted as benefits. It is also an excellent way to relieve stress, which is significant for students who may feel overwhelmed by school work and try to balance extracurricular activities. It has been found that music can reduce burnout and improve mood states. Music is also important because it will give students a way to connect with other people. Creating a school band or small ensemble or encouraging participation in a chorus will allow students to work together. Moreover, music integrates so many different subject areas all at once. Not only will music allow children to develop their musical skills, but it will also give them the opportunity to work on their math skills, reading and writing skills, and history knowledge. Finally, it increases the efficiency and speed of acquiring foreign languages, has a positive effect on the results of students in science, as well as supports memory and concentration.

In this project, it is aimed to increase their self-esteem and improve the academic and social skills of students at-risk by using music in education. Some of the skills including working in teams, communication, self-esteem, creative thinking, calmer attitudes, imagination, discipline, study skills, and invention can be learned and improved through the study of music. For more info, you can click and visit the [project website](#) or scan the QR code.



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About “The Basics of Music Therapy for Students with Special Needs” Guideline

This guideline called "The basics of Music Therapy for persons with special needs" is prepared for the teachers and students to understand and communicate with people with special needs and learn about the basics of music therapy used for this target group. It also includes a set of instructions to improve the skills and competencies needed to cooperate with students with special needs.

The Guideline starts with introducing people with special needs and European Commission's strategy documents which give detailed information about their current situation and the policy decisions to improve their living conditions and educational provision.

In the next heading, music therapy is introduced, then the basics of music therapy and how it can be used for people with special needs are explained. After giving the necessary background and information, a sample lesson plan is presented. Finally, a self-assessment and development test is given for the use of students and teachers to assess their current situation regarding the usage of the therapeutic potential of music in education.

After silence, that
which comes nearest
to expressing the
inexpressible is music.





Aldous Huxley



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Persons with Special Needs

European Commission (EC) aims to build a barrier-free Europe and improve the life, social, and educational conditions of people with special needs. Therefore, it publishes several strategy documents, follows the improvements, and takes policy decisions for this aim. For instance, [Discrimination in the EU](#) (2019), [European Disability Strategy 2010-2020](#) (2010), [European Comparative Data on Europe 2020 and people with disabilities](#) (2020), and [Strategy for the Rights of Persons with Disabilities 2021-2030](#) (2020). These documents show that persons with special needs and promoting their rights are put high on the European Union (EU) agenda. You can scan the QR codes and reach these documents:

Document Title	QR code
Discrimination in the European Union	
European Disability Strategy 2010-2020	
European Comparative Data on Europe 2020 and people with disabilities	
Strategy for the Rights of Persons with Disabilities 2021-2030	

According to the European Comparative Data on Europe 2020 data and people with disabilities, (2020), there are approximately 87 million persons that have some form of disability in the EU and the EC aims to support them with EU funds and tries to make a difference in their life. However, they still face problems in healthcare, education, employment, and recreation activities.

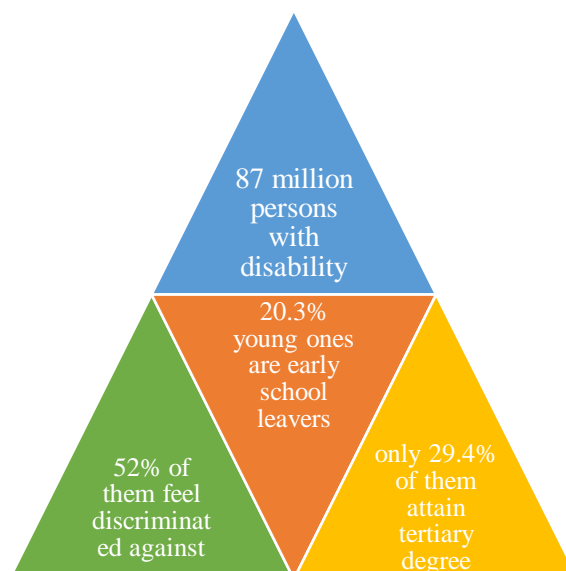


Figure 1. People with Disability Facts

Strategy for the Rights of Persons with Disabilities 2021-2030 (2020) prepared to have coordinated action at the national and EU level to improve the lives of people with disabilities. This Strategy underlines the diversity of disabilities including long-term physical, mental, intellectual, or sensory impairments. The strategy reported that decent living conditions such as independent living, quality social and employment services, accessible and inclusive housing, participation in lifelong learning, adequate social protection, and a strengthened social economy should be provided for people with disabilities. Moreover, it is underlined in the Strategy that 52% of them feel discriminated against, 20.3% of young ones are early school leavers (only 9% of those without disabilities), only 29.4% of them attain tertiary degrees (43.8% of those without disability), and they should be protected from any kind of discrimination and violence.

The United Nations [Convention on the Rights of Persons with Disabilities](#) (2006) underlines equal access to education, a life without discrimination, and participation in cultural and social life. In Article 2 (p.4) the following definitions were given:



“discrimination on the basis of disability” means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.

“communication” includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and



augmentative and alternative modes, means and formats of communication, including accessible information and communication technology.

“Language” includes spoken and signed languages and other forms of non-spoken languages.

When issues of people with special needs are discussed in the scope of education, discrimination and the difficulties they meet are always at the top of the topics. Teachers and all students should learn effective communication with students with special needs. For effective communication, people should know about the importance of using languages including sign language and non-spoken languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology.

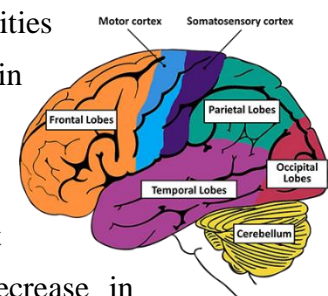
Besides the Convention, the European Disability Strategy 2010–2020 (European Commission, 2010) also highlights the importance of accessibility, participation, education and training, and social protection for people with disabilities. Although many schools have become more accessible, these people still have attitudinal barriers causing social exclusion (Bunch & Valeo, 2004; Chen et al., 2002; Smart, 2002). Teachers are the open doors of knowledge and future opportunities for all students. Therefore, teachers’ opinions and especially positive attitudes are so crucial for the education of students with special needs. There are many pieces of research in the literature that show that educators’ attitudes may influence the inclusion of a student with disabilities in the school environment (Avramidis & Norwich, 2002; Lawson, Parker, & Sikes, 2006; Whitty & Clarke, 2012). In other words, these research findings reveal that positive attitudes may lead to equal opportunities for these students. Because of these reasons, it is essential to increase teachers’ positive attitudes towards these students for their inclusion and for reaching equal opportunities. Moreover, teachers tend to have positive attitudes when they have contact with disabled people in the past (Dessementet, Morin, & Crocker, 2014; Emmers, Baeyens, & Petry 2020; Thaver & Lim, 2014); when they learn about special education policy and instructional strategies (Alfaro, Kupczynski, & Mundy, 2015; Savolainen, Engelbrecht, Nel & Malinen, 2012); and when they participate a training related to disability (Baker, Boland, and Nowik, 2012; Lombardi, Murray, & Dallas, 2013). This is also effective for peers. If students who have normal development learn about peers with special needs, get in contact with them, communicate with them, and cooperate with them, they will have no prejudice against them and have a positive attitude towards them.



Teachers should empower students with special needs by raising their self-esteem because they are socially marginalized and face social stigma and self-stigma. According to the research, people with disabilities are among the most vulnerable groups and they are more prone to stigma and its negative psychological effects (Paterson, McKenzie, and Lindsay, 2012; Corrigan and Watson, 2002). Unfortunately, social exclusion and lower self-esteem of students with special needs cause lower educational progression (Academic Network of European Disability Experts, 2012). According to the Academic Network of European Disability Experts (Academic Network of European Disability Experts, 2019), students with special needs need to live independently and be part of the community. For these reasons, teachers should know how to raise their self-esteem, help them to live independently, and be part of the community.

The Effect of Music and Music Therapy

Music has an immense effect on the brain by causing changes in brain activities (O’Kelly, 2016). The brain uses imagining to identify activity in the brain regions where emotions are produced and managed. According to research done to measure changes in brain activity of participants receiving music therapy, it is found that the participants had significant increases in left fronto-temporal brain regions and a significant decrease in depression and anxiety (Fachner, et. al, 2013). Moreover, music activates neurons in many regions of the brain. When people listen to music they like, the neurochemicals in the brain such as



dopamine (the feel-good hormone) are released through the brain's reward system (Earthskey, 2022). The ancients such as Plato and Pythagoras considered music as a means of promoting health and well-being. Music is a nonverbal means of interaction and one of the oldest and most natural ways of communication and expression.

Music can affect the brain in several ways:

- It can alter breathing and heart
- It acts like a distractor, focusing the attention away from negative stimuli to something pleasant
- It has the power to improve your state of mind. This helps keep things like depression and anxiety at bay
- It can help reduce the perception of pain
- It alters patterns of pain, depression, and disability
- It occupies the mind with something familiar and smoothing
- Music with a strong beat can stimulate brainwaves
- Listening to music causes the brain to release dopamine, a feel-good chemical

For more information about the effect of music on the brain, you can watch the video below or scan the QR code to watch it:



Music therapy is using music and its elements, including sound, rhythm, tempo, melody, harmony, and dynamics, to accomplish individualized goals (American Music Therapy Association, 2022). In other words, music therapy is the prescribed use of music to effect positive changes in the psychological, physical, cognitive, or social functioning of individuals with health or educational problems.

The overall goals of treatment through the therapeutic use of music are to:

- effect personal change,

- facilitate interpersonal relations,
- nourish growth and development,
- contribute to the attainment of self-actualization, and
- assist the individual's entry into society.

The Joint Declaration of the 1982 International Symposium of Music Therapists states that music therapy facilitates independence, freedom to change, adaptability, balance, and integration, and since human beings' responsiveness to music is unique, it contributes to wellness. Carroll (2017) states that music therapy stems from the human desire to interact with the environment for communication and healing purposes. You can watch the video below to learn more about music therapy or scan the QR code to watch it:



Music as a therapy has a long history starting from ancient societies. A short history of music therapy can be seen in Figure 2.

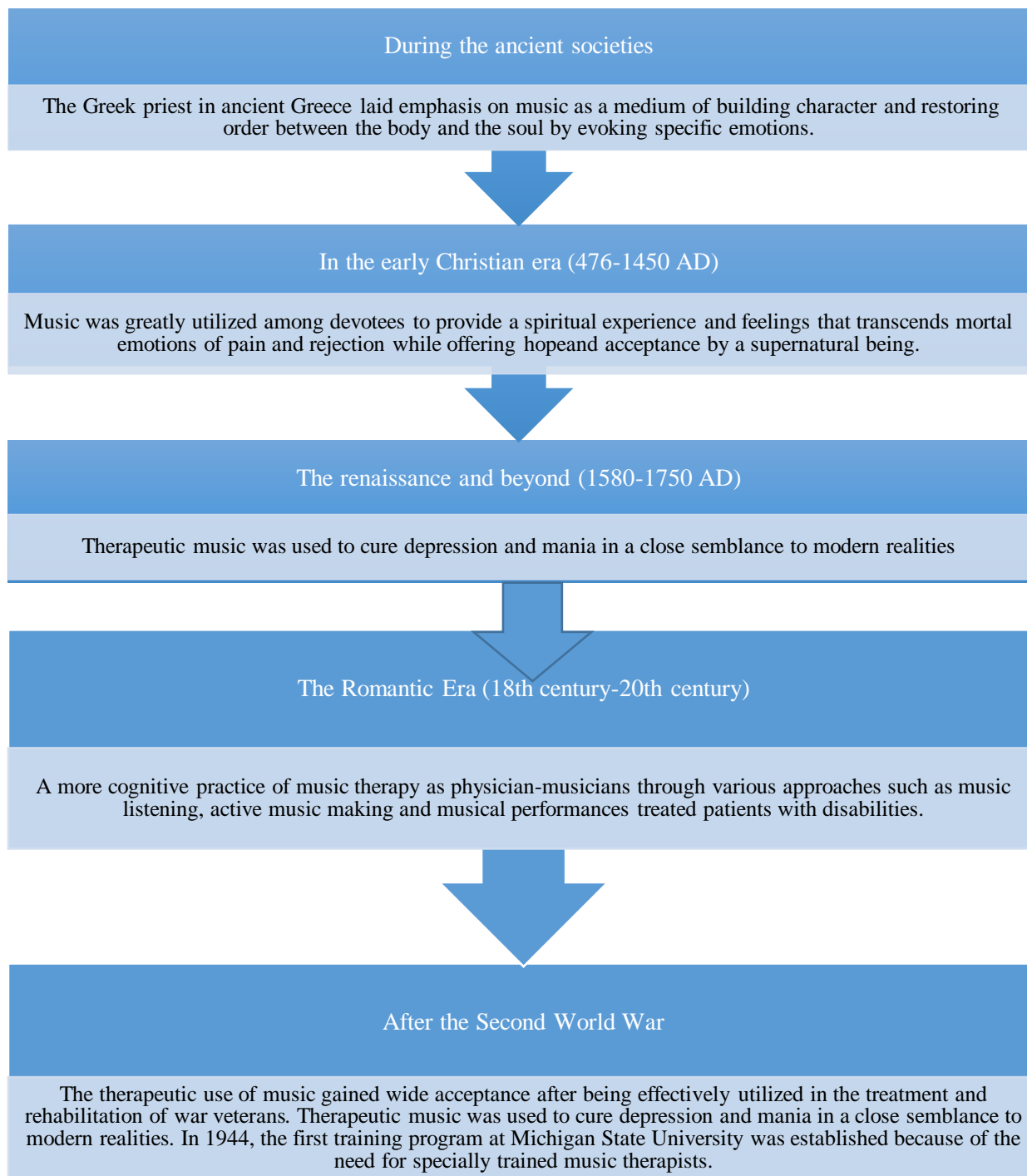


Figure 2. A Short History of Music Therapy

Music therapy can be used for the following target groups:

- People with Acquired Brain Injury
- People Who Need Addiction Treatment



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- Adults with Mental Health and Substance Use Conditions
- People with Autism Spectrum Disorder (ASD)
- Child and Adolescent Behavioral Health
- Older Adults Living with Memory Disorders
- People in Hospice Care
- Military Service Members and Veterans
- People who are in the Neonatal Intensive Care Unit (NICU)
- People Who Need Pain Management
- People in Pediatric Medical Care
- People Who Need Special Education

As can be seen from the list, the target group is wide and it can be used for many disadvantaged groups since it is a cross-cultural mode of expression and a universal means of communication. Moreover, it can influence the mind and body directly regardless of intelligence level or status because it stimulates the senses, awakens feelings and emotions, reveals physiological and mental responses, and gives energy to the mind and body. In addition to these, it helps to organise the individual or the group, facilitates learning and acquisition of skills, and can be used in all target groups because of its functional and adaptable features (Boxhill, 1981).

The Basics of Music Therapy

Music therapy has a long history since ancient times, and nowadays it is more professional with formal education. It is mostly implemented by professionals in the health sector for treatment and rehabilitation. Moreover, it started to be used in different educational settings to facilitate the inclusion of disadvantaged groups such as students with special needs, immigrants, refugees, and

elderly people. Therefore, teachers have to need the training to learn how to use music for therapeutic purposes for disadvantaged groups.

Music therapy has different types which can be implemented in different settings and for different groups. The four types of music therapy can be seen in Figure 3.

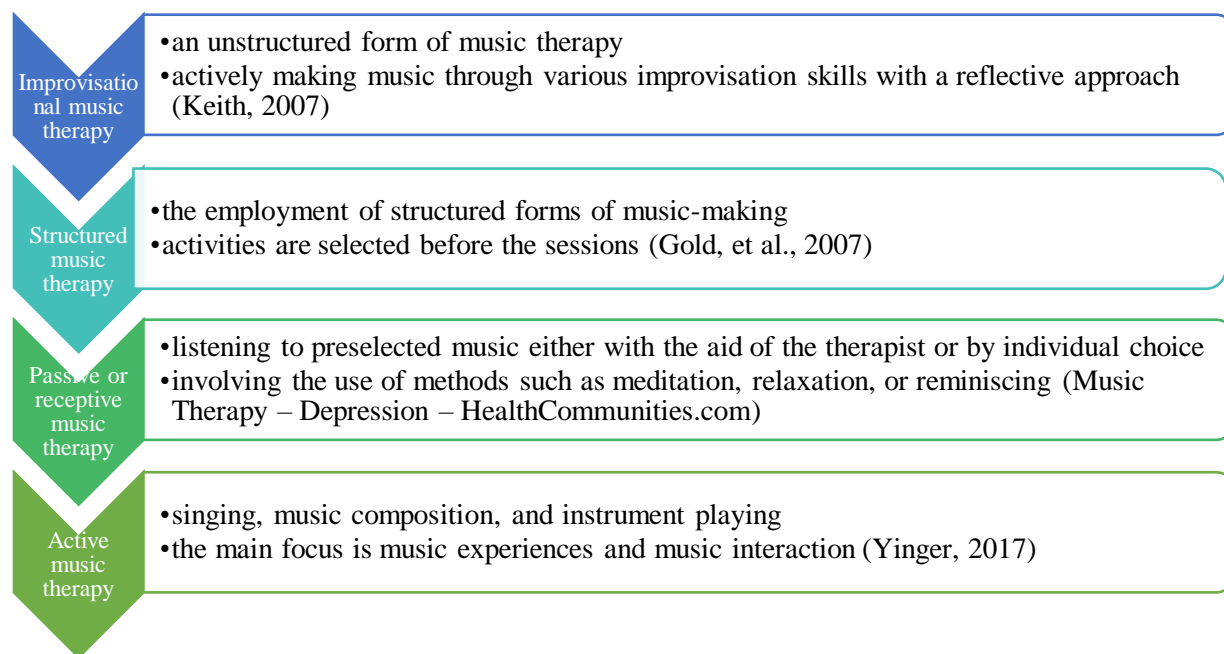


Figure 3. Types of Music Therapy

Mereni (2007) stated that there are five different aims in five different types of music therapy:

- free one from fear, fright, or anxiety
- relieve one from physical and mental tension resulting from manual or spiritual labour
- relieve physical pain
- loosen a person from the group of evil spirits
- relieve the grief of bereavement

According to Barksdale (2003), a music therapist should aim to actively engage individuals in their growth and development, and lead them from isolation into active participation by transferring musical skills to their life. Music therapy is participating in actively making music, such as repeating a rhythmic pattern of a drum, playing a classical piano piece, singing isolated words of a song, or blowing one note on a whistle.

The starting point in music therapy is improvisation (Katušić & Burić, 2021). There are three models of music therapy that are based on improvisation and are mostly used in the educational process of students with special needs. The models and the founders of music therapy can be seen in Table 1.

Table 1. Models and the Founders of Music Therapy

Models	Founders
Free improvisation therapy	Juliette Alvin
Creative music therapy	Nordoff and Robbins
Orff music therapy	Carl Orff

In free improvisation therapy which is founded by Juliette Alvin, participants and the therapist improvise without musical rules and they are free to establish or not establish the pulse, measure, rhythm, scale, melody theme, or harmony (Katušić & Burić, 2021). Participants are first attracted to the instrument and a relationship is created with it. The primary means of communication and interaction is the instrument.

In creative music therapy (Nordoff - Robbins model), the basic idea is that human being reacts to music, and so do people with disabilities. The relationship with the participant is built on an emotionally warm and supportive approach. The therapist should have recognition, reflection, and respect for the participant's feelings to give independence. The therapist should follow the participant and facilitate the implementation (Wigram, Pedersen, & Bonde, 2002). Music making is the main focus by establishing a clear rhythm and singing. You can watch the video below to learn more about the Nordoff - Robbins Model or scan the QR code to watch it:





Orff music therapy is a whole musical pedagogical approach including mastering music and combining speech, movement, dance, rhythm, singing, and playing. In this model, rhythm is the most important part of music and binds movement, speech, and music together to create elemental music. First of all, gestures such as clapping, snapping one's fingers, and stepping are introduced as the first instruments. The multisensory features of music (various instruments with different shapes, materials, and movement and dance) are important. You can watch the video below to learn more about the Orff Approach or scan the QR code to watch it:



Music therapy is carried out by music therapists who received specific education on the subject. In school settings, teachers and administrative staff can support and cooperate with the music therapist. They will work together on IEP (Individualized Education Plan) and choose the specific IEP goals which can be focused on during music therapy. It should be underlined that teachers and other professionals cannot implement music therapy by themselves. On the other hand, they can use the therapeutic potential of music. However, using the therapeutic potential of music is the application of music in education, not application of the music therapy since music is an aid, not the main focus of the application of music in education.



When implementing the music therapy process by the teacher (not the music therapist), teachers can achieve the following long-term goals (Barksdale, 2003):

- Improve self-image and body awareness
- Increase communication skills
- Increase ability to use energy purposefully
- Reduce maladaptive (self-abusive, assaultive, perseverative, impulsive) behaviors
- Increase interaction with peers and others
- Increase independence and self-direction
- Develop creativity and imagination
- Enhance emotional expression and adjustment
- Increase attending behavior
- Improve fine and gross motor skills

How Can Music Therapy Be Used for People with Special Needs

Music can be used as an educational tool to promote learning and skill acquisition in domain areas related to the scope of special education curriculum and programming. It can be used especially to develop independence and improve the skills that enhance the quality of life of students with special



needs. Music can also be used as a tool to affect the attitudes of the students with normal development to support their peers with special needs.

Music therapy can be used for students with the following disabilities:

- Autism Spectrum Disorders
- Blindness/Visual Impairment
- Deafness and Hard of Hearing
- Specific Learning Disability
- Emotional Disturbance
- Speech or Language Impairment
- Orthopedic Impairment
- Intellectual and Developmental Disabilities
- Traumatic Brain Injury
- Multiple Disabilities
- Behavioral Disorder
- Other Health Impairment

It is supported by the research that there is a connection between speech and singing, rhythm and motor behavior, and memory for recall and retention of academic material. It is known that gross motor skills, respiration patterns, and muscular relaxation can be improved with the help of rhythmic movement. Moreover, involvement in music may decrease pain, discomfort, and anxiety caused by some disabilities (Fiona et al., 2020), improve well-being and help with self-esteem, social skills, expression, and management of emotions (Bergmann, Birkner, Sappok, & Schmidt, 2021; Mino-Roy et al., 2022).

Since music is related to an area of the brain different than speech and language, information and skills presented with music may easily be interpreted and absorbed by students with special needs. It can be used to provide initial support using melodic and rhythmic strategies.

The benefits of music therapy for students with special needs can be listed as follows (American Music Therapy Association, 2022):

- Increased joint attention

- Increased coping skills
- Increased socialization with peers and educational teams
- Functional and effective self-expression skills
- Improved behavior, self-regulation, and coping skills
- Enhanced auditory processing
- Increased self-regulation and decreased agitation
- Improved receptive and expressive language
- Enhanced sensory-motor, perceptual/motor, and or fine/gross motor skills
- Support of progress and/or attainment of IEP goals and objectives
- Acquisition and practice of new skills required in the educational setting

In the school setting, music therapy should be carried out with the collaboration of a music therapist and related educational teams (teachers, social workers, etc.) to support and generalize skills from music therapy to non-music settings in cognitive, behavioral, physical, emotional, social, communication, and sensorimotor domain areas.

While using music therapy in special education, assessment tools, treatment planning, development of goals, suggested activities, materials, and equipment should be focused on. While developing a music therapy IEP for special education students, the following skill areas should be identified:

- social skills and appropriate school behavior,
- conceptual learning and cognition,
- recreation and leisure skill development,
- facilitation of communication,
- gross and fine motor development, and
- addressing the emotional needs of special education students.
- Improve auditory perception

Music therapy can be provided as a part of the IEP, students' school program, or as a consultation to all the teaching staff. Some examples of music interventions that can be used for students with special needs and the usage areas of these interventions can be seen in Table 2:

Table 2. Some Music Interventions and Their Usage

Example of Music Intervention	Usage Area
Playing an instrument	Meeting fine/ gross motor needs, social-emotional goals
Singing	Encouraging vocalization and supporting communication goals
Songwriting/composition	Facilitating self-expression
Musical improvisation	Facilitating self-expression, creativity
Listening to music	Decreasing agitation and calming
Computer-based music activities	Practicing skills, generalization
Music as a mnemonic device	Learning academics
Lyric analysis	Increasing literacy, social-emotional goals
A guided movement to music	Increasing range of motion, imitation skills, self-regulation





Even though music therapy is an effective tool to be used for students with special needs, there are some considerations and potential contraindications that teachers should keep in mind while using it in school settings. Here is the list of them (American Music Therapy Association, 2022):

- Personal trauma history and triggers
- Understanding the cultural and social background of the student
- Disability culture within a student's family, social community, and classroom environment
- Accessibility needs
- Preferred social interactions including person-to-person proximity and eye contact

Besides this list of considerations, teachers should be more careful while choosing instruments and songs for some students with special needs since some may have auditory sensory sensitivity to volume, timbre and/or frequency ranges, environmental noises, and level of verbal requests, some may have visual sensory sensitivity to lighting and visuals; some may have tactile sensitivity with some instruments and/or to touch, such as hand over hand techniques; some may have aversion to a certain style or selections of music.

Because of these considerations, teachers should do the following instructional adaptation listed in Table 3 before starting the music interventions.

Table 3. How to Behave the Student with Special Needs

Type of Special Needs	Instructional Adaptation
Deafness and Hard of Hearing 	<ul style="list-style-type: none"> • Projection should be preferred instead of board • You should face the student while speaking • Concrete visual materials should be preferred in teaching • Subtitles should be used whenever possible
Blindness/Visual Impairment 	<ul style="list-style-type: none"> • Teaching materials should be used in lectures and presentations • The student should be allowed to touch the teaching material • The student with low vision should be seated close to the board • Orientation and independent movement skills should be supported
Orthopedic Impairment 	<ul style="list-style-type: none"> • For the student not to experience emotional burnout due to her/his physical disability, areas where she/he is successful, should be determined • According to the student's disability, devices to be worn in the lesson and auxiliary technological tools should be provided
Minimal Brain Dysfunction 	<ul style="list-style-type: none"> • It should be ensured that the student sits in a place where they can make eye contact with the teacher, rather than in the back rows • Care should be taken to ensure that the seat is not near the window, the front of the door, different objects, colors, and shiny materials • During the lecture, the student should speak in an appropriate tone where he or she can hear

How to Select Music and Instruments for Music Therapy

Before preparing a lesson plan to use the therapeutic potential of music in education, teachers should decide on how to select music and instruments. The teacher should do these selections with the guidance of a music therapist, kind of the disability, and according to the goals of IEP. Moreover, it should be kept in mind that the greater the amount and complexity of the information in the music, the greater the challenge to the student.



While selecting the music, the musical structure, lyrical content, and adaptability of the song should be evaluated by the teacher and the music therapist. For example, the vocal range of melody and key signature; form; intervals, phrasing, and melodic rhythm of song lyrics; harmonics; dynamics; tempo; mood; the amount of musical information; repetition; and mood that the song creates are



















the musical structure of a song. Before choosing the song, the musical structure should be taken into consideration whether that song is appropriate for students with special needs. The lyrical content is also an important element that needs the attention of the teacher before choosing the song. Students’ level of developmental awareness to sing and understand the song lyrics and the thematic relevance of the song lyrics for them should be taken into consideration. In the beginning, it is better to choose the songs that students are familiar with, so students can be in their “comfort zone” while singing. There are different kinds of songs that can be used in education. For example, opening and closing songs; activity songs; songs that explore emotions; songs that tell a story and introduce cognitive concepts; songs that invite dramatic play; and songs that introduce the instrumental play.

After selecting the song, teachers can select an instrument with the music therapist according to the IEP goals and type of disability. Most instruments are chosen for music therapy according to the rhythm, melody, and harmony they created. Most common instruments used in music therapy can be seen in Table 4.

Table 4. Instruments for Music Therapy

Type	The Instrument		Feature
	Orff drums		Usually played standing
	Djembe drum		Played while sitting but tipping it will produce greater sound

Percussion	Gathering drum		Useful if small children wish to sit around it and play together
	Ocean drum		A source of multisensory stimulation since it invites unusual visual, and tactile input
	Smaller percussion: 1. Claves 2. Maracas 3. Triangle 4. Uli-Uli shakers 5. Guiro 6. Afuche cabasa 7. Tambourines	<p>1. </p> <p>2. </p> <p>3. </p> <p>4. </p>	<p>Must be of professional quality to be useful</p> <p>5. </p> <p>6. </p> <p>7. </p>
	Cymbals and gongs		Must be of professional quality
	Voice		
	Resonator bells		Produce the clearest sound are made by Suzuki and require a full arm motion to play most effectively

Melodic	Reed horns		The most commonly used blowing instrument in therapy, help children form a proper embouchure and practice regulated breathing
	Bird calls		
	Slide whistle		
	Xylophone		These xylophones are most easily adapted for visual motor ease by removing the bars that are not being used in the musical composition
	Piano		
Harmony	The autoharp		When “shared” across the laps of a child and a therapist, the autoharp promotes eye contact.
	Omnichord		The physical situating of the omnichord shares an attention-getting purpose similar to the autoharp.
	Guitar		

A Sample Lessons Plan

The sample lesson plan presented here is prepared for a teacher in a general school just to use the therapeutic potential of music in education. As mentioned before, more professional music therapy sessions should be implemented by the music therapist. In this lesson plan, the guitar is chosen as an instrument. If the teacher does not know how to play the guitar, any percussion instrument can be easier to use for implementation. Moreover, the type of students’ disability, number of students with special needs in the class, facilitates in the school (whether there is a music room or not), the classroom setting, and teachers’ professional background should be taken into consideration while choosing the instrument, music therapy model, and goals.

Before preparing a lesson plan to use the therapeutic potential of music in education, teachers should do the following steps:

1. Read about to learn more about the students with special needs (Table 3, on page 18)
2. Read about music therapy (Pages 15-18)
3. Go through the IEP and choose the goals you want to achieve by using music
4. Choose a music therapy model (Table 1, on page 13)
5. Choose the music interventions (Table 2, on page 17)
6. Choose the musical instruments (Table 4, on page 20)
7. Choose and prepare the classroom/room for implementation
8. Prepare your lesson plan according to the sample on page 22
9. Consult a music therapist if available
10. Prepare documents for evaluation

A sample lesson plan can be seen in Table 5.

Table 5. A Sample Lesson Plan

Prerequisite	Participants are expected to know a local song and are eager to sing with their friends.
Duration	45 minutes
Goals	In the module, the aims are as follows: <ol style="list-style-type: none"> 1. Encourage vocalization 2. Support communication skills (using vocal/verbal sounds and gestures) 3. Enhance emotional expression and adjustment 4. Interact with peers and teacher
Objectives	Upon successful completion of this lesson, the student will be able to: <ol style="list-style-type: none"> 1. Sing a well-known local song with their peers 2. Express her/his feelings raised after singing 3. Discuss the main theme of the song with their peers
Resources/ Materials	Guitar, A speaker, A screen for visual activities, Paper and pen, A local song (Known by students in their native language)



Music Therapy Model	Orff music therapy
Participants Responsibilities	<p>Instructor's responsibilities:</p> <ol style="list-style-type: none"> 1. Instructor observes the students and is sure of the active participation of each student. 2. Instructor keeps the timing and finishes with an evaluation session. <p>Students' responsibilities:</p> <ol style="list-style-type: none"> 1. Students are expected to be eager to sing the song with their peers. 2. Each student is expected to engage in classroom tasks actively. 3. Students are expected to attend the discussion actively.
Teaching/Learning Activities	<ol style="list-style-type: none"> 1. First, the teacher lets students choose a local song that they want to sing (If students choose the song, they will be more eager to sing and be actively involved). If this is not possible, the teacher introduces the song that she/he chooses. 2. Students watch the original video clip of the song on YouTube or a computer. 3. The teacher distributes a handout including the lyrics of the song (If there is a student with minor visual impairment, the teacher should use a big font size while preparing the handout). 4. The teacher starts playing the song, and students will sing the song as a group at the beginning. In this way, the students who have low self-esteem will not feel shy and sing together with their peers. 5. In the second or third turn, the teacher divides students into two groups. One group will sing the first part of the song, and the other group will sing the chorus part. 6. The teacher will let the students if they want to accompany the song by clapping or using their bodies (dancing). 7. After several repetitions, the teacher starts the discussion part with the following questions: <ol style="list-style-type: none"> a. How do you feel when you listen to the song? b. How do you feel when you sing the song? c. What is the main theme of the song? d. Have you ever had a similar experience/feeling in the song? e. What do you want to say/recommend to the person who has these feelings/experiences in the song?
Evaluation	<p>The teacher asks students the following questions to get feedback about the lesson:</p> <ol style="list-style-type: none"> 1. How do you feel at the beginning of the lesson? Relax, worried, excited, nervous, etc. 2. How did you feel while singing the song with your peers? 3. How did you feel after the third turn of singing the song? 4. Did you want to accompany the song with your body?



- | | |
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| | <ol style="list-style-type: none">5. How did you feel during the discussion sessions? Were you relaxed while sharing your ideas/opinions?6. Do you want to have similar sessions with different songs? |
|--|---|

A Self-Assessment and Development Tests

The self-assessment and development tests are for students and teachers to assess their level of awareness and knowledge on music therapy and people with disabilities. There is no right or wrong answers in this test. Their aim are just to help teachers and students to assess themselves and increase their awareness on the topic.



SELF-ASSESSMENT AND DEVELOPMENT TEST FOR STUDENTS



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Sociodemographic characteristics of participants			
Age	<input type="checkbox"/> 8-10 <input type="checkbox"/> 11-13 <input type="checkbox"/> 14-16		
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Class			
Disability Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Disability	<input type="checkbox"/> Hearing Loss <input type="checkbox"/> Physical <input type="checkbox"/> Vision Loss <input type="checkbox"/> Mental <input type="checkbox"/> Others		
Disabled individual in the class	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disabled individual in the family	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disabled individual in the neighbourhood	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disabled individual in the friends group	<input type="checkbox"/> Yes <input type="checkbox"/> No		
No	Item	Yes	No
1	I know European Union's activities about people with special needs.		
2	I read some of the European Union's strategy documents about people with special needs.		
3	I know some statistical information about people with special needs in the European Union.		
4	I have witnessed some discrimination against people with special needs.		
5	Students with special needs have the equal educational rights in my country.		
6	I know how to communicate with people with special needs.		
7	I know different types of disabilities.		
8	I can be just a friend with a person with special need.		
9	I want to do a group work with a friend with special need.		
10	I would not be cared about what others think if I become friend someone with special need.		
11	If I become friend someone with special need, I would not be shamed helping him eating before the public.		
12	Students with special needs can live independently and be part of the community.		
13	I know how music affects the brain.		
14	I know what music therapy is.		
15	I know the long history of music therapy.		
16	I know the target groups of music therapy.		
17	I know types of music therapy.		
18	I know different models of music therapy.		
19	I know the benefits of music therapy.		
20	I know the musical instruments that can be used in a music therapy.		

SELF-ASSESSMENT AND DEVELOPMENT TEST FOR TEACHERS

Sociodemographic characteristics of participants



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Age	<input type="checkbox"/> 20-25 <input type="checkbox"/> 26-30 <input type="checkbox"/> 31+		
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Working years	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10-15 <input type="checkbox"/> 16+		
Disability Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Disability	<input type="checkbox"/> Hearing Loss <input type="checkbox"/> Physical <input type="checkbox"/> Vision Loss <input type="checkbox"/> Mental <input type="checkbox"/> Others		
Disabled individual in the school	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disabled individual in the family	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disabled individual in the neighbourhood	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disabled individual in the friends group	<input type="checkbox"/> Yes <input type="checkbox"/> No		
No	Item	Yes	No
1	I know European Union's activities about people with special needs.		
2	I read some of the European Union's strategy documents about people with special needs.		
3	I know some statistical information about people with special needs in the European Union.		
4	I have witnessed some discrimination against people with special needs.		
5	Students with special needs have the equal educational rights in my country.		
6	I am confident in understanding the Laws and Regulations regarding special education.		
7	I know different types of disabilities.		
8	I can be a close friend with my disabled colleague in the workplace.		
9	I do not think my disabled colleague need an extra help or care as interfering regular activities in the workplace.		
10	I feel comfort eating with a disabled colleague in the workplace.		
11	I feel comfort in social relations with my disabled colleague in the workplace.		
12	I am surprised my disabled colleague's not completing her duties.		
13	I know how disability affects the student's social relationships.		
14	I know how disability affects a student's language development.		
15	I know how disability affects a student's cognitive abilities.		
16	I know how disability affects a student's motor skills.		
17	I know how to communicate with a student with special needs.		
18	Students with special needs can live independently and be part of the community.		
19	I know how music affects the brain.		
20	I know what music therapy is.		
21	I know the long history of music therapy.		
22	I know the target groups of music therapy.		
23	I know types of music therapy.		
24	I know different models of music therapy.		
25	I know the long-term goals that can be achieved by using of music in education.		
26	I know the different kinds of disabilities that music therapy can be implemented.		
27	I know the benefits of music therapy for students with special needs.		
28	I know the skill areas that can be developed by music therapy.		
29	I know different kinds of music interventions and their usage.		
30	I know how to behave students with special needs.		
31	I know the musical instruments that can be used in a music therapy.		
32	I can prepare a lesson plan to use the therapeutic potential of music in education.		



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