



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

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

School/Facility:

Please Circle One:      Pre- Survey      Post-Survey

**We would appreciate your honest feedback on the following questions. Your thoughts and feelings are valuable to us. All responses will remain confidential.**

- 1) Does music/art make you feel better? Why or Why Not?
  
- 2) Does music/art release any fears or angers from within you? Why or Why Not?
  
- 3) Does music/art make you feel more calm? Why or Why Not?
  
- 4) Did this music/art session make you think differently? If so, how?
  
- 5) Draw an image of what you were thinking or feeling during the music/art sessions. You may use the back of the sheet to do so.