



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?