

## Social Validity Questionnaires

### Teacher Questionnaire

Please rate this music-ABA intervention technique from 1-8 with, 1 corresponding to “not at all acceptable” and 8 being “very acceptable”. Thank you ☺

1. How acceptable do you find this treatment to be for the student’s verbal behavior?

_____	_____	_____	_____	_____	_____
_____					
Not at all acceptable			moderately acceptable		very acceptable

2. How willing would you be to carry out this procedure yourself if you had to change the student’s verbal behavior?

_____	_____	_____	_____	_____	_____
_____					
Not at all acceptable			moderately acceptable		very acceptable

3. How much do you like the procedures used in this treatment?

_____	_____	_____	_____	_____	_____
_____					
Not at all acceptable			moderately acceptable		very acceptable

4. How likely is this treatment to make permanent improvements in the student?

_____	_____	_____	_____	_____	_____
_____					
Not at all acceptable			moderately acceptable		very acceptable

5. To what extent or undesirable side effects likely to result from this treatment?

_____	_____	_____	_____	_____	_____
_____					
Not at all acceptable			moderately acceptable		very acceptable

6. Overall, what is your general reaction to this form of treatment?

_____	_____	_____	_____	_____	_____
Not at all acceptable			moderately acceptable		very acceptable

7. I would suggest the use of this intervention to other special education or music teachers

_____	_____	_____	_____	_____	_____
Not at all acceptable			moderately acceptable		very acceptable

8. Most special education or music teachers would find this intervention suitable for problem behaviors.

_____	_____	_____	_____	_____	_____
Not at all acceptable			moderately acceptable		very acceptable

9. I would be willing to use this intervention in the special education setting

_____	_____	_____	_____	_____	_____
Not at all acceptable			moderately acceptable		very acceptable

10. This intervention would be appropriate for a variety of children

_____	_____	_____	_____	_____	_____
Not at all acceptable			moderately acceptable		very acceptable

11. Overall, this intervention was beneficial for the child

_____	_____	_____	_____	_____	_____
Not at all acceptable			moderately acceptable		very acceptable

12. How important do you think it is that you child's school incorporate this intervention into their curriculum?

_____	_____	_____	_____	_____	_____
Not at all			moderately		very

acceptable

acceptable

acceptable

Thank you ☺

## **Appendix B**

### **A. Parent Questionnaire**

How old is your child? \_\_\_\_\_

What grade is your child in? \_\_\_\_\_

What is your child's IQ range? \_\_\_\_\_

Does the child have any speech problems?

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Does your child benefit from speech therapy?

Does the child have any visual problems? \_\_\_\_\_

If so how severe are they? \_\_\_\_\_

Does the child have hearing problems? \_\_\_\_\_ If so, how severe are his hearing problems?

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Is the child receiving any special school services such as special education, reading services, tutoring etc.?  
If yes, can you please mention them? \_\_\_\_\_

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What is the main language spoken at home? \_\_\_\_\_

If it is a language other than English, describe the extent to which it is spoken

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What is the child's primary language? \_\_\_\_\_

Does your child have educational difficulties? \_\_\_\_\_ If so, in what?

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Has your child had previous experience in music therapy? \_\_\_\_\_