



# Towards Independence

# **Sound, Rhythm**

# **and Music**

Name:

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This module has been developed as the result of collaborative work between ASDAN and practitioners delivering the Towards Independence programme. Our thanks go to all those who contributed to the development of these materials.

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# Welcome

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You are starting a module called

## Sound, Rhythm and Music

In doing the activities in this module you will be asked to:

- say
- show
- choose
- make things

You can say things by talking or signing, or by using any other means to let someone know what you want to say.

You can choose and show things by using:

- pictures
- digital recording
- other means
- photographs
- computer

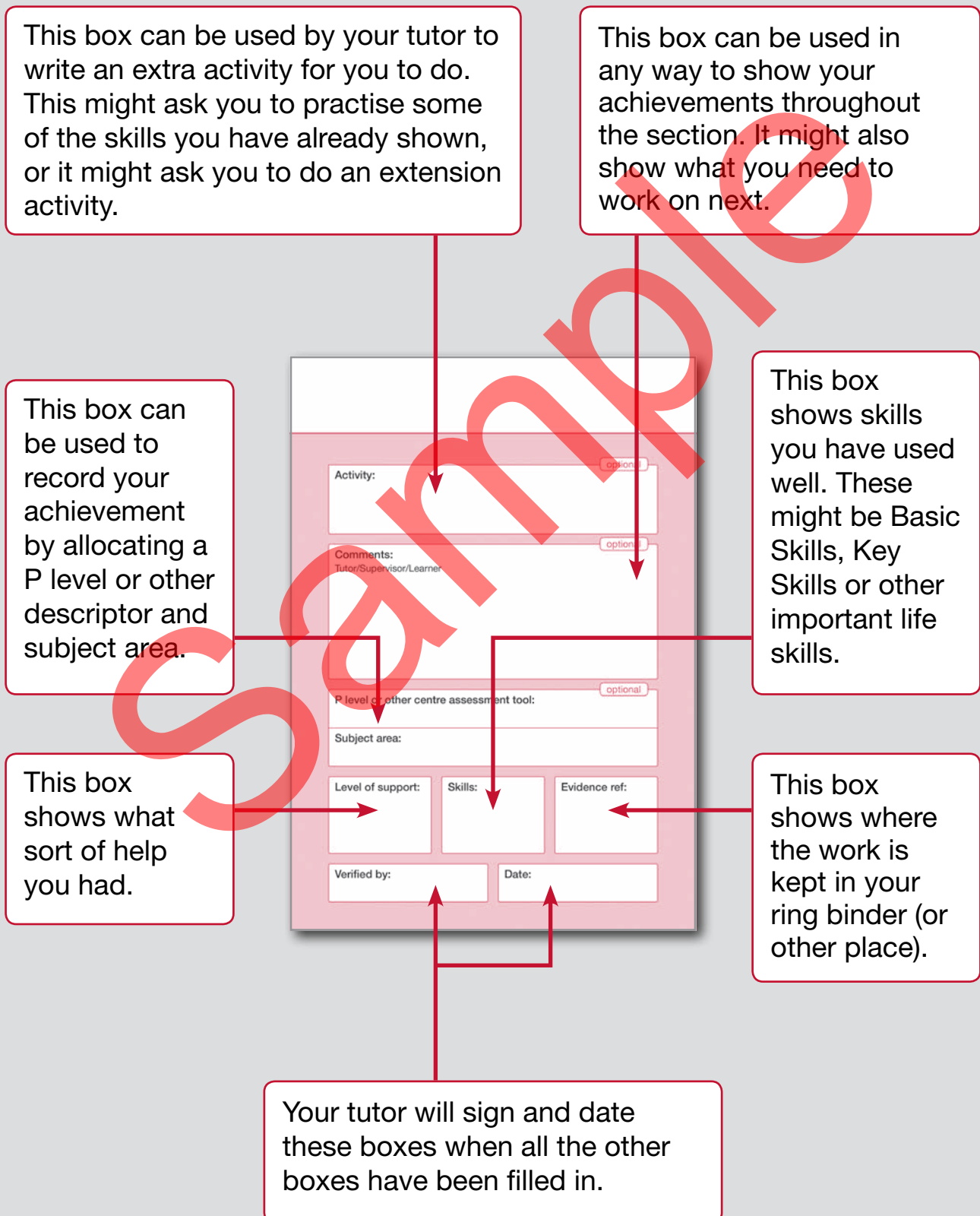
or by telling someone else so they can write or do it for you. All the way through you can have as much help as you need.

As you complete each activity, you or your tutor can tick  the box shown alongside the activity and the corresponding box on the **Record of Activities** page.

When you have finished the module, remember to complete the **Module Review** and **Next Steps** at the end of the book.

# Record Boxes

At the end of each section you will find a page of record boxes:



# Levels of Support

Ask your tutor to talk to you about these:



**NH No Help** – you can do things on your own



**SH Spoken/Signed Help** – you are helped by someone speaking or signing suggestions to you



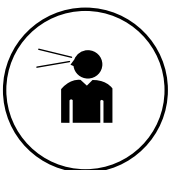
**GH Gestural Help** – you are helped by someone using hand signals or other gestural prompts



**PH Physical Help** – you are helped by someone holding you and/or helping you to move



**SE Sensory Experience** – you are given the opportunity of being involved through a sensory experience, e.g. hearing, touch, sight or taste



**ER Experience Recorded** – you are provided with an experience of the activity but are unable to take part

## Section A (continued):

### Listening to sounds

#### In the kitchen:

- 10 Listen to the sounds. Share what you hear.

For example:

- kettle boiling
- saucepan lids rattling
- food blender
- running water
- other

- 11 Show or share the sounds you like.

- 12 Show or share the sounds you dislike.

#### At the seaside:

- 13 Listen to the sounds. Share what you hear.

For example:

- waves
- seagulls
- children playing
- other

- 14 Show or share the sounds you like.

- 15 Show or share the sounds you dislike.



## Section A (continued):

### Listening to sounds

Activity:

optional

Comments:

Tutor/Supervisor/Learner

optional

P level or other centre assessment tool:

optional

Subject area:

Level of support:

Skills:

Evidence ref:

Verified by:

Date:

# Section F:

## Using your voice

- 1 Breathe in as much air as you can.  
Let the air out until you are quite empty.
- 2 Repeat, but make a sound as you breathe out.
- 3 Make sounds with your mouth closed.
- 4 Make sounds with your mouth open.
- 5 Make sounds with your mouth in different shapes.
- 6 Make:
  - loud sounds
  - soft sounds
- 7 Make:
  - long sounds
  - short sounds
- 8 Make:
  - high sounds
  - low sounds

✓



## Section F:

### Using your voice

Activity:

optional

Comments:

Tutor/Supervisor/Learner

optional

P level or other centre assessment tool:

optional

Subject area:

Level of support:

Skills:

Evidence ref:

Verified by:

Date:

## Section J:

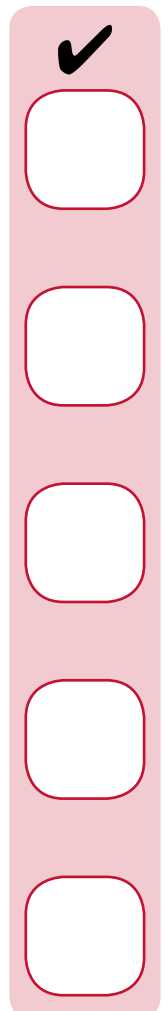
### Project

In this section you can choose your own activity.

Here are some ideas:

- Show your favourite pop star or group
- Visit a theatre
- Find out about music from different countries
- Attend a musical performance in your local community
- Other

- 1 Decide what your project will be.
- 2 Plan your project.
- 3 Make a list of the things you need.
- 4 Do your project.
- 5 Show what went well in your project.



A vertical checklist bar with five empty boxes and a checkmark at the top. The bar is light pink and has a rounded top. The checkmark is black and is located in the top right corner of the bar. The boxes are white with a red outline and are arranged vertically from top to bottom.

# Section J:

## Project

**Activity:** optional

**Comments:** optional  
Tutor/Supervisor/Learner

**P level or other centre assessment tool:** optional

**Subject area:**

**Level of support:**

**Skills:**

**Evidence ref:**

**Verified by:**

**Date:**

# Next Steps

**My next challenge:**

**Activities and modules that will help:**

**Who can help me and when:**

Remember to record that you have completed this module and review on the **Record Page** in your **Starting Out** module.

**Learner signature:**

**Tutor/supervisor signature:**

**Date:**

Sample



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© ASDAN 2014, 2016, Wainbrook House, Hudds Vale Road, St George, Bristol BS5 7HY  
t: 0117 941 1126 | e: [info@asdan.org.uk](mailto:info@asdan.org.uk) | [www.asdan.org.uk](http://www.asdan.org.uk)  
@ASDANeducation | [facebook.com/ASDANeducation](https://www.facebook.com/ASDANeducation)