INDIVIDUAL PARTICIPATION RECORD

Birthdate/	/	_ Admission da	ate/	Re	eligion		Voter registration						
PHYSICIAN OF		ular diet at sp	Overall activity pecial events		☐ Alcoh Resident voluntee		□ Pass with me	eds					
may be designate	d by circling /dy; family v ensure follow stimulating / outings utional	the code if the isits 2x/wk, etc	resident was an	active partic ty related si related/volun	cipant. Identify inde hort term goals an I = teer M =	ependent act d/or approa Intellectually Resident Co	appropriate date. The contivities and frequency in the overall strength of the overall strength of the continuity of the	n the space provided I plan of care) in the					
Month		_ Year	Month		Year_	Mor	nth	Year					
S M T		F S	S M	activities atte	V T F	S S	no, group activities attended	T F S					
INDEPENDENT ACT	IVITIES (includ	de frequency)	INDEPENDEN	INDEPENDENT ACTIVITIES (include frequency) INDEPENDENT ACTIVITIES (include frequency) INDEPENDENT ACTIVITIES (include frequency)									
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ACTIVITY PLAN (ST	3's and/or app	roaches)	ACTIVITY PLA	AN (STG's and	Vor approaches)	ACTI	IVITY PLAN (STG's and/o	r approaches)					
ACTIVITY PLAN (STO	3's and/or app	roaches)	ACTIVITY PLA	AN (STG's and	Vor approaches)	ACTI	IVITY PLAN (\$TG's and/o	r approaches)					
ACTIVITY PLAN (STO	3's and/or app	roaches)	ACTIVITY PLA	AN (STG's and	Vor approaches)	ACTI	VITY PLAN (STG's and/o	r approaches)					
ACTIVITY PLAN (STO	2's and/or app	roaches) Year	Month	AN (STG's and	Vear	ACTI		r approaches) Year					
	ies attended for IVITIES (included)	Year	Month S M Total no. group INDEPENDEN	o activities atte		Mor S S J Total INDE	nth	Year Year Year Year					
Month S M T S ON T Total no. group activit INDEPENDENT ACT	ies attended for IVITIES (included)	Year	Month S M Total no. group INDEPENDEN	and (STG's and	Year Year Include frequency)	Mor S S J Total INDE	no. group activities attender PENDENT ACTIVITIES (Year Year Year Year					

INDIVIDUAL PARTICIPATION RECORD

NAME-Last	ME-Last First			Middle			Attending Physician			F	No.	Room/Bed								
INSTRUCTIONS: As resident participates in gromay be designated by circling the code if the re (i.e., reading 1 hr./dy; family visits 2x/wk, etc.). space provided to ensure follow through. P = Physically stimulating O = Community outings K = Intergenerational E = Esteem building					esident was an active participant. Ide				entify independent activities and frequency in t						n the s plan o al	space pof care	rovided			
	em bulic	ling		V				vents					N.A. math					V		
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							,3	2	J. C.											
Total no. group	activities	attend	led for m	nonth frequenc	y)	Total no	Total no group activities attended for month INDEPENDENT ACTIVITIES (include frequency)					Total no. group activities attended for month								
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ACTIVITY PLA	AN (STG	s and/o	r approa	iches)))	ACTIV	TY PLA	N (STG	s and/or	approa	iches)		ACTIVI	TY PLA	N (STG	's and/o	approa	aches)		
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Total no. group	activitie	 attend	led for r	nonth _		Total no		activitie	s attend	ed for r	nonth _		Total no	aroup	activitie	s attend	ed for n	nonth _		
INDEPENDEN	Total no. group activities attended for month INDEPENDENT ACTIVITIES (include frequency)							Total no. group activities attended for month INDEPENDENT ACTIVITIES (include frequency)												
ACTIVITY PLA	AN (STG)	s and/o	r approa	aches)		ACTIVI	ITY PLA	N (STG	's and/or	approa	aches)		ACTIVI	TY PLA	N (STG	's and/oi	r approa	aches)		
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