Record of One-to-One Activities

Name: _____ Room #: _____ Record #: _____

Resident's Plan/Goal(s): _____

Reason for one-to-one activities: (*Check all that apply.)* ❒ Room-bound/Bed-bound ❒ Severely Impaired
❒ Prefers not to participate in scheduled group activities ❒ Other _____

Frequency: Requires one-to-one activities: ❒ Three times/week ❒ Other _____

Date/ Initials	Description of Activity	Resident's Reaction/Response

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