1. **Title of Activity:** _____

2. **Date of Activity:** _____ 3. **Time of Activity:** _____

The Activity Director's Office

New Activity Planning Sheet

4. Type of Activity:

___ Small Group
___ Large Group
___ Individual
___
___
___
___

5. Intended Population:

___ Male
___ Female

Physical Status:

___ Independent
___ Minimal assist
___ Complete assist

Mental Status:

___ Alert & oriented
___ Gently confused
___ Disoriented

Age Appropriate:

___ All
___ Under 60
___ Under 50
___ Under 40
___ Other _____
___

6. Location needed (i.e. size appropriate)

___ Large group area
___ Small group area
___ Quiet room
___

7. Stimulation:

___ Mental
___ Physical
___ Creative
___ Social
___

8. Results Expected:

___ Improve socialization
___ Improve mental health status
___ Boost morale
___ Improve physical health
___ Pride in creativity
___
___

9. Staffing needed:

___ Activity Staff
___ Volunteers

Other Departmental Assistance:

	Need	Date Note Sent	Response
___ Nursing			
___ Dietary			
___ Social services			
___ Administration			
___ Housekeeping			
___ Maintenance			

10. Supplies Needed:

11. Pre-preparation:

12. Steps for Doing the Activity

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