



# National Certification Council for Activity Professionals

*Setting Standards of Excellence for Quality of Life through Education*

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## Quarterly and Annual Information Sheet

Resident's Name: \_\_\_\_\_

What type of activities are the programmed?	Self directed in room, large groups, small groups, one-to-one programs
Who brings them to Programs?	Nursing    Themselves    Activities
Who picks them up from Programs?	Nursing    Themselves    Activities
Do they need any assistance to complete the activity?	Yes/No
If they need assistance to complete the activity, what type of assistance?	Set-up, Verbal cueing, Physical help, Redirection, Validation
How many times did they come to programs this month? <i>(Do not write this in the note – just monitor)</i>	____/ 31
What type of activities is the resident involved?	
Is the resident an active member of resident council and/or a resident volunteer?	Yes/No
What is their typically reaction when in programs?	Fully involved needs to be encourage to participate watches what you are doing    completely uninterested
Are their any behaviors that the residents display when in programs? Please describe.	
Have you notice anything that may trigger the behavior or what the unmet need is? If yes, please describe.	
How do you redirect the behavior? Does it work?	Yes/No
Do they use assistive device?	Glasses, hearing aid, false teeth, walker,    magnify glass, build-up items
How are they spending their time when not in programs? If in room, what are they doing?	
What do you think we can provide them that would have a positive impact on their quality of life?	
What self directed activity materials are provided to resident? Who provides?	
Do they verbalize comments during interactions?	Positive    Negative    No comment