Activity Evaluation

Activity: _____

Date: ____ / ____ / ____ **Time:** _____ **Number of attending Residents:** _____

Feedback from Residents

Resident	Enjoyed Activity		Socially Satisfying		Intellectually Challenging		Comments
	Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No	Yes	No	

Quality Aging

Feedback from attending Staff, Visitors and Volunteers

Feedback:

Evaluating Person: _____ **Date:** ____ / ____ / ____

Designation: _____ **Signature:** _____

Created by Quality Aging 2014