



Activity Program – on-site activities only

Where in the aged care facility will this activity be held? _____

Are all residents able to participate? Yes/No

Maximum number of participants _____

| | How can you provide support for all residents to be involved? | |
|---|---|--|
| Residents in wheelchairs | | |
| Residents with poor eyesight | | |
| Residents with hearing loss | | |
| Residents with walking frames | | |
| Residents who don't speak | | |
| Residents with dementia | | |
| Residents who have problems holding objects | | |

What resources do you need to conduct this activity? _____

(You can attach a separate list if there is not enough room here)

Explain how the activity will be conducted

| | |
|--|--|
| Who will lead the activity? | |
| Explain the steps involved in delivering this activity | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |