BIG BAND MUSICAL INTERVENTION

Blank Sample Form

Goals on care plan for individual residents

Resident:	**Goal -- Resident will show participation by:**	**Goal met?**	**Date:**
1. _____ _____ _____	A. ☐ Singing B. ☐ Playing Instrument C. ☐ Other _____	☐	_____
2. _____ _____ _____	A. ☐ Singing B. ☐ Playing Instrument C. ☐ Other _____	☐	_____
3. _____ _____ _____	A. ☐ Singing B. ☐ Playing Instrument C. ☐ Other _____	☐	_____
4. _____ _____ _____	A. ☐ Singing B. ☐ Playing Instrument C. ☐ Other _____	☐	_____
5. _____ _____ _____	A. ☐ Singing B. ☐ Playing Instrument C. ☐ Other _____	☐	_____

6.	A. ☐ Singing B. ☐ Playing Instrument C. ☐ Other	☐	
7.	A. ☐ Singing B. ☐ Playing Instrument C. ☐ Other	☐	
8.	A. ☐ Singing B. ☐ Playing Instrument C. ☐ Other	☐	
9.	A. ☐ Singing B. ☐ Playing Instrument C. ☐ Other	☐	
10.	A. ☐ Singing B. ☐ Playing Instrument C. ☐ Other	☐	

11.	A. ☐ Singing B. ☐ Playing Instrument C. ☐ Other _____	☐	_____
12.	A. ☐ Singing B. ☐ Playing Instrument C. ☐ Other _____	☐	_____

Other Comments:

Signature:_____ Date:_____