# Leisure, lifestyle & HEALTH ACTIVITY plan (SKILLS DEVELOPMENT plan)

## Resident information

**Note:** For privacy and confidentiality reasons, do not provide the client’s name or personal contact information.

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| --- | --- | --- | --- |
| **Date:** |  | **Resident age** |  |
| **Cultural/religious preferences** |  | | |
| **Condition, disabilities or development delays** |  | | |
| **Impact on day to day life** |  | | |
| **Alerts** | List any health or behavior issue that presents a risk to the person or to others and direct to leisure / lifestyle activities. | | |
| **Communication**  **(Note if the person requires assistance. Direct to relevant information such as chat book)** | Communicates by: | | |
| **Independence** | The resident can do the following independently: | | |
| **Assistance**  **(List areas and direct to appropriate instruction/ plan, such as dressing, oral care etc)** | The resident will need assistance with: | | |
| **Likes**  **(include food, activities, household tasks, outings etc)** | List resident likes: | | |
| **Dislikes**  **(include food, activities, household tasks, outings, anything that may aggravate the person such as loud noise etc)** | List things the resident does not like: | | |
| **Participation Level**  **(eg knitting, sewing, woodwork, toy making etc)** | Are you still able to participate in activities you have always been interested in? | | |
| **Support Services**  **Include discussions about support services, technology which empowers the older person** |  | | |
| **Happy Memories**  **(include relevant activities/information/ pleasurable memories/ information in the client’s life, family members, carers)** |  | | |
| **Rights & Responsibilities**  **(family contact, privacy, confidentiality of discussion, complaint mechanisms)** | Any additional comments regarding these issues: | | |

**ACTIVITY LEARNING PLAN**

## Resident information

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| --- | --- | --- | --- | --- |
| **Date** |  | **Resident age** | |  |
| **Activity** |  | | | |
| **Objective** |  | | | |
| **Teaching strategy** |  | | | |
| **Time of planned activity** |  | | | |
| **Location for planned activity** |  | | | |
| **Required equipment and aids** |  | | | |
| **How did you use reality orientation techniques to explain the activity to the client?** |  | | | |
| **How did you discuss potential risks that come with ageing?**  **(security, broken bones, vision and hearing)** |  | | | |
| **Learning steps of the Activity**  **(explain the steps you took in teaching your client the activity)** | 1.  2.  3.  *add more steps as needed* | | | |
| **Validation Strategies** | **How did you keep the client calm?** | |  | |
| **How did you remind the client where they were, where they were going and what they were doing?** | |  | |
| **Explain in your own words how you reminded the client they had accepted the activity?** | |  | |
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**SUPPORT PROCEDURES**

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| **Preparation required/ Triggers for implementation** |
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| **Action Steps required** |
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| **Specific alerts or risks and their management** |
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| **Monitoring and recording requirements** |
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| **Signs or symptoms that indicate the need for the person to be reviewed earlier than planned** |
|  |
| **Strategies to Implement Activity Support** |
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