**Activity/Event Audit Sheet**

**Instructions:** Complete this form as you are observing your activity for effectiveness and participant response. List any suggestions that would improve this activity.

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| **Title of Activity/Event:** | **Date/Day:**M[ ]  T[ ]  W[ ]  TH[ ]  F[ ]  Sa[ ]  Su[ ]  | **Time:**[ ]  AM [ ]  Afternoon [ ]  PM  |
| **Activity Type:**[ ]  Individual [ ]  Group | **Location of Event:** | **Presenter:** |
| **Your Observations**  |
|  | **Yes** | **No** | **NA** |
| Were residents notified of the activity in advance such as an event flyer or calendar? |  |  |  |
| Was the activity appropriate for participants? |  |  |  |
| Was the activity able to be adapted for all needs of participants? |  |  |  |
| Was the presenter present throughout the activity? |  |  |  |
| Did the activity start on time? |  |  |  |
| Did the activity occur as advertised on the flyer or activity calendar? |  |  |  |
| Did the activity last for the amount of time scheduled? |  |  |  |
| Did the presenter have the room prepared and ready before the participants arrived? |  |  |  |
| Did the presenter have all of the needed supplies for the activity/event? |  |  |  |
| Was there sufficient staff assisting with the activity? |  |  |  |
| Did activity meet the objectives? |  |  |  |
| Did any participants leave before the activity was completed? |  |  |  |
| Were the participants assisted during the activity as needed? |  |  |  |
| If resident refused to participate, were they offered an alternative activity? |  |  |  |
| **Participants Response** |
|  | **Yes** | **No** | **NA** |
| Were there any positive remarks by participants? |  |  |  |
| List positive remarks made by participants. |
| Were there any negative remarks by participants? |  |  |  |
| List negative remarks made by participants. |
| **Suggestions for Improvement** |
| What changes would make the activity better? |
| Audit completed by: Date: |