**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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: | | | | | |