

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:

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Signature:	Date:
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