

PERSON CENTERED INTERVENTION

Blank Sample Form

**Evaluation of Effectiveness of the Intervention in Meeting Goals
Social Interactions that Recognize and Support Remaining Abilities**

Resident Name:

Date:

Facility:

Desired outcomes and benefits:	Residents will: <ol style="list-style-type: none">1. Engage in social interaction with a visitor during weekly visit2. display one or more of the indicators of well being during the visit
--------------------------------	---

Goal for this resident:

- To meet identified need:
- Or support identified strength:

Check appropriate answer:

Were resident goals met?	Yes	No	Outcomes / Benefits
1. Engage in social interaction with a visitor			
2. Display one or more of the indicators of well being			

3. Discounting intervention after _____ times because:

4. Modifications to intervention that worked for this group

a)

b)

5. Unanticipated results of intervention:

Other Comments:

Signature:

Date: