

Behavior-Based Activity Care Plan Guide

Resident Information

Name: _____

Diagnosis: _____

Cognitive Status: _____

Preferred Name/Nickname: _____

Behavior(s) Observed

Behavior Type

Description (When, Where, Triggers)

☐ Agitation

☐ Wandering/Exit-seeking

☐ Social Withdrawal

☐ Verbal Outbursts

☐ Resistance to Care

☐ Paranoia/Delusions

☐ Sleep Disturbances

Possible Triggers / Unmet Needs

☐ Pain

☐ Overstimulation

☐ Loneliness

☐ Hunger/thirst

☐ Loss of routine

☐ Frustration or confusion

☐ Sensory overload

☐ Communication difficulties

Notes: _____

Activity Goals

- ☐ Reduce behavior frequency or intensity
- ☐ Improve mood and engagement
- ☐ Foster social connection
- ☐ Provide sensory regulation
- ☐ Support identity and purpose

Individualized Activity Strategies

Goal / Behavior	Act. Intervention	Frequency	Who Leads?
-----------------	-------------------	-----------	------------

Adaptive Tools / Aids

- ☐ Large-print materials
- ☐ Fidget items
- ☐ Weighted blanket/lap pad
- ☐ Photo memory box
- ☐ Noise-canceling headphones
- ☐ Activity partner (staff or peer)

Evaluation Plan

Review Date: _____

Response to Interventions:

- ☐ Improved
- ☐ No change
- ☐ Needs revision

Notes: _____