

# Resident Participation Preference Form

For each activity some residents want to be front and center and others prefer to watch from the side. This form helps us respect every resident's comfort level.

## Facility & Visit

**Facility Name:** \_\_\_\_\_

**Unit / Hall:** \_\_\_\_\_

**Event Date / Activity Type:** \_\_\_\_\_

**Staff Submitting:** \_\_\_\_\_

## Resident Preferences

**Resident initials / room - preference (active / watching only / no approach):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Residents who should NOT be approached during the activity:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Residents who benefit from one-on-one attention:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Residents with hearing / vision accommodations needed:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Return completed form to: [info@checkmatecommunitytx.org](mailto:info@checkmatecommunitytx.org) | or hand to our on-site lead at your next visit.