

MONTESSORI

DEMENTIA PROGRAM

Personalized Initial Evaluation

Personal history:

Name:

Date of Birth:

Born and Raised:

Siblings/Parents:

Education Level:

High school:

Marital Status:

Children/Grandchildren (with names is able to):

Previous Occupation:

Religion:

Friends/Social interests:

Name of friends:

Do you have any hobbies (reading, music, sports, exercising)?

Most memorable moment growing up:

What types of games do you most enjoy?

Activities of daily living:

What was a regular weekday for you like?

What was a regular weekend for you like?

What there an activity you loved to do regularly?

Inquire about sleeping habits (what time would you wake up, what time would to go to bed)?

Inquire about meal times/eating habits (what kind of meals would you enjoy eating, what time would you eat your meals)?

Any family members/friends that you particularly enjoyed spending time with regularly?

***make an 8 item list for quick review**

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Surveillance Evaluations

Date:

Time:

Family member/staff that is working with individual:

Name of activity:

Evaluation: *Document below how the individual worked through activity, have they been improving, any frustrations/ troubles, and any positive outcomes. Document particular times of the activity that they happen (if able).*

What can be done better for next time? *Document any ideas for improvement of what could be done to better engagement, reasoning, problem solving, communication for the individual.*