

ADN Kitchen Activity Form

Activity Title: _____ **Date:** _____

Facilitator: _____ Department: ☐ Activities ☐ Dietary ☐ Other: _____

Recipe / Food Item: _____ Name of Recipe: _____

Origin / Theme (e.g., Cultural, Seasonal, Holiday): _____

Ingredients Used: _____ Preparation Steps: _____

Resident Participation:

Resident Name	Role (e.g., Stirring, Measuring, Tasting)	Level of Participation	Comments
		<input type="checkbox"/> Active <input type="checkbox"/> Observed	
		<input type="checkbox"/> Active <input type="checkbox"/> Observed	
		<input type="checkbox"/> Active <input type="checkbox"/> Observed	
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		<input type="checkbox"/> Active <input type="checkbox"/> Observed	
		<input type="checkbox"/> Active <input type="checkbox"/> Observed	

Compliance & Safety

- ☐ Food prepared under supervision of staff
- ☐ Hand hygiene completed before handling ingredients

- ☐ Ingredients checked for allergies
- ☐ Dietary restrictions verified
- ☐ Kitchen sanitized before and after activity

Activity Outcomes

Resident Responses: _____

Skills Targeted (check all that apply):

- ☐ Sensory
- ☐ Fine Motor
- ☐ Cognitive
- ☐ Social
- ☐ Emotional

Facilitator Signature: _____ **Date:** _____

