



## Community Integration and Recreation

Individual's Name: \_\_\_\_\_ LCN: \_\_\_\_\_ Month/Year: \_\_\_\_\_/\_\_\_\_\_

Staff/FCP/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

IN-HOME ACTIVITIES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Watch TV/Movie																															
Listen to Radio																															
Exercise																															
Look at Magazine																															
Reading																															
Draw or Color																															
Art Crafts																															
Board/Card Games																															
Dance or Sing																															
Play a sport																															
Celebration/Party																															
Other:																															
Other:																															
Other:																															
COMMUNITY ACTIVITIES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Go to Church																															
Go to Movies																															
Go to Mall																															
Go to park																															
Go to Zoo/Aquarium																															
Go Bowling																															
Go for a Walk																															
Dance																															
Celebration/Party																															
Other:																															
Other:																															

Check off the activities the individual participates in on a daily basis.