

Evaluator _____ Supervisor _____ Month _____

WEEKLY ITINERARY

Revision Date _____ Expected Return to Office: Date _____ Time _____

INSTRUCTIONS: Prepare itinerary prior to field visits. Provide copy to clerk, show time planned for entire week. Give revised final copy to supervisor when planning next week.

PURPOSE CODES:	A = Annual	L = Licensing Evaluation	P = Prelicensing
	POC = Plan of Correction	PL = Post Licensing	CM = Case Management
	M = Meeting	SA = Semi Annual	T = Training
	V = Vacation		C = Complaint

DATE	ESTIMATED TIME OF ARRIVAL	PURPOSE CODE	FACILITY NAME/CATEGORY OR AGENCY/INDIVIDUAL CONTACTED	TELEPHONE Area Code/Number	CITY	COMPLETED (Check One)		REASON NOT COMPLETED/COMMENTS
						Yes	No	
M O N D A Y	AM			()				
	PM			()				
	AM			()				
	PM			()				
	AM			()				
T U E S D A Y	PM			()				
	AM			()				
	PM			()				
	AM			()				
	PM			()				
W E D N E S D A Y	AM			()				
	PM			()				
	AM			()				
	PM			()				
	AM			()				
T H U R S D A Y	PM			()				
	AM			()				
	PM			()				
	AM			()				
	PM			()				
F R I D A Y	AM			()				
	PM			()				
	AM			()				
	PM			()				
	AM			()				