

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.

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