



WEEKLY PLANNER

Name _____ DOC number _____ Month _____ Week 1 2 3 4 5 _____ Dates _____

To be completed by Residential Community Transition Team (RCTT) member/resident assistant.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
LOCATION						
<input type="checkbox"/> Grocery store	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Grocery store
<input type="checkbox"/> Bank	<input type="checkbox"/> Bank	<input type="checkbox"/> Bank	<input type="checkbox"/> Bank	<input type="checkbox"/> Bank	<input type="checkbox"/> Bank	<input type="checkbox"/> Bank
<input type="checkbox"/> Medical	<input type="checkbox"/> Medical	<input type="checkbox"/> Medical	<input type="checkbox"/> Medical	<input type="checkbox"/> Medical	<input type="checkbox"/> Medical	<input type="checkbox"/> Medical
<input type="checkbox"/> DOC	<input type="checkbox"/> DOC	<input type="checkbox"/> DOC	<input type="checkbox"/> DOC	<input type="checkbox"/> DOC	<input type="checkbox"/> DOC	<input type="checkbox"/> DOC
<input type="checkbox"/> SOTP	<input type="checkbox"/> SOTP	<input type="checkbox"/> SOTP	<input type="checkbox"/> SOTP	<input type="checkbox"/> SOTP	<input type="checkbox"/> SOTP	<input type="checkbox"/> SOTP
<input type="checkbox"/> Other (list below)	<input type="checkbox"/> Other (list below)	<input type="checkbox"/> Other (list below)	<input type="checkbox"/> Other (list below)	<input type="checkbox"/> Other (list below)	<input type="checkbox"/> Other (list below)	<input type="checkbox"/> Other (list below)
TIME OF DAY						
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Lunchtime	<input type="checkbox"/> Lunchtime	<input type="checkbox"/> Lunchtime	<input type="checkbox"/> Lunchtime	<input type="checkbox"/> Lunchtime	<input type="checkbox"/> Lunchtime	<input type="checkbox"/> Lunchtime
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening
<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night
<input type="checkbox"/> Time (list below)	<input type="checkbox"/> Time (list below)	<input type="checkbox"/> Time (list below)	<input type="checkbox"/> Time (list below)	<input type="checkbox"/> Time (list below)	<input type="checkbox"/> Time (list below)	<input type="checkbox"/> Time (list below)

Comments:

Approved by _____ Position _____ Signature _____ Date _____

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