

WEEKLY COMMUNITY OUTING ACTIVITY FORM

RESIDENT NAME: _____ WEEK OF: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE							
ACTIVITY CHOICE							
COST OF ACTIVITY							
GROUP OR INDIVIDUAL							
NUMBER OF STAFF NEEDED							
DID THEY GO ON CHOSEN ACTIVITY? IF NOT, INDICATE WHY							
DID THEY ENJOY THE ACTIVITY? EXPLAIN							

This form must be submitted to the Residential Director each Tuesday prior to the week of activities, then again on the Tuesday after the completion of the activities. Attach a request for consumer funds if needed for activity.

