

Activity Planning Form

DATE (Today's) _____
ACTIVITY _____
ACTIVITY DATE _____

THINGS TO

ASSIGNED TO:

FOLLOW-UP

THINGS NEEDED

ASSIGNED TO:

FOLLOW-UP

COST OF ACTIVITY _____
TRANSPORTATION _____
CLEAN-UP _____

PROBLEMS _____

SOLUTIONS _____

Was the activity successful? _____

What went well? _____

What went wrong? _____

What improvements can be made? _____

COMMENTS _____
