**Wet Weather Plan – WHO AND WHERE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **LOCATION 1** | | | | | |
| **AM** | Therapist Name | Therapist Name | Therapist Name | Therapist Name | Therapist Name |
| **AM** | Therapist Name | Therapist Name | Therapist Name |  |  |
| **PM** | Therapist Name | Therapist Name | Therapist Name | Therapist Name | Therapist Name |
|  | | | | | |
| **LOCATION 2** | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** | Therapist Name | Therapist Name | Therapist Name | Therapist Name | Therapist Name |
| **PM** | Therapist Name | Therapist Name | Therapist Name | Therapist Name | Therapist Name |
|  | | | | | |
| **LOCATION 3** | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** |  | Therapist Name | Therapist Name | Therapist Name | Helen |
| **PM** | Therapist Name | Therapist Name | Therapist Name | Therapist Name | Helen |
|  | | | | | |
| **LOCATION 4** | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** | Therapist Name | Therapist Name | Therapist Name |  |  |
| **AM** | Therapist Name | Therapist Name |  | Therapist Name |  |
| **PM** | Therapist Name | Therapist Name | Therapist Name |  |  |
| **PM** |  |  |  | Therapist Name |  |
|  | | | | | |
| **LOCATION 5** | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM** |  | Therapist Name | Therapist Name |  |  |
| **PM** | Therapist Name | Therapist Name | Therapist Name | Therapist Name | Therapist Name |
|  | | | | | |