

SITE VISIT AVAILABILITY CALENDAR

FOR _____

Please designate your first, second and third choices of consecutive, 3-day time periods for the site visit. As you consider possible dates, please keep in mind our first interview is with the lead administrator (program director, school district superintendent, etc.) to orient ourselves with your program/policy. We anticipate this interview will last approximately two hours. All other interviews should be approximately one hour.

| MAY | | | | | |
|------|------------------|------------------|------------------|------------------|------------------|
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| | 2 nd | 3 rd | 4 th | 5 th | 6 th |
| Yes | | | | | |
| No | | | | | |
| | 9 th | 10 th | 11 th | 12 th | 13 th |
| Yes | | | | | |
| No | | | | | |
| | 16 th | 17 th | 18 th | 19 th | 20 th |
| Yes | | | | | |
| No | | | | | |
| | 23 rd | 24 th | 25 th | 26 th | 27 th |
| Yes | | | | | |
| No | | | | | |
| | 30 th | 31 st | | | |
| Yes | | | | | |
| No | | | | | |
| JUNE | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| | | | 1 st | 2 nd | 3 rd |
| Yes | | | | | |
| No | | | | | |
| | 6 th | 7 th | 8 th | 9 th | 10 th |
| Yes | | | | | |
| No | | | | | |
| | 13 th | 14 th | 15 th | 16 th | 17 th |
| Yes | | | | | |
| No | | | | | |
| | 20 th | 21 st | 22 nd | 23 rd | 24 th |
| Yes | | | | | |
| No | | | | | |
| | 27 th | 28 th | 29 th | 30 th | |
| Yes | | | | | |
| No | | | | | |

Please return calendar marked with your preferred dates to:

Swest@icfi.com or fax (404) 321-3688 Thank You!

information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: OMB 0920-XXXX.

DRAFT