

Target Group _____		Date _____		
Name of Resource?				
Circle the indicator(s) it will strengthen	Management Commitment	Align and Integrate	Accountability	Leadership
	Empower and Involve	Improve Communication	Training at all Levels	Owner/Client Involvement
What do you want to accomplish by using this resource? (Goals)				
#1 Action step needed to accomplish goal(s)		Lead Person: _____ Start Date: _____ Status: _____ Pending _____ In-progress _____ Complete Completion Date: _____		
#2 Action step needed to accomplish goal(s)		Lead Person: _____ Start Date: _____ Status: _____ Pending _____ In-progress _____ Complete Completion Date: _____		
#3 Action step needed to accomplish goal(s)		Lead Person: _____ Start Date: _____ Status: _____ Pending _____ In-progress _____ Complete Completion Date: _____		
#4 Action step needed to accomplish goal(s)		Lead Person: _____ Start Date: _____ Status: _____ Pending _____ In-progress _____ Complete Completion Date: _____		
#5 Action step needed to accomplish goal		Lead Person: _____ Start Date: _____ Status: _____ Pending _____ In-progress _____ Complete Completion Date: _____		
What information will be collected to know the goal was accomplished?				
Notes				