



| ACTION PLAN :                                  | DATE:                |
|--|----------------------|
| OBJECTIVES: What do you want to do and why?    |                      |
|  |                      |
| VISION: What do you see?                       |                      |
|  |                      |
| CURRENT SITUATION: What are the facts? The goo | d, the bad, the ugly |
|  |                      |
| GOALS: Short term METHODS: How? DEADLINE       |                      |
|  |                      |
| 2.   |                      |
|  |                      |
| 3  |                      |
|  |                      |

| GOALS: Long term METHODS: How? DEADLINES: When?                    |
|--|
| 1  |
|  |
| 2  |
|  |
|  |
| 3  |
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| INVESTMENT/BUDGET: TIME:   |
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|  |
| MONEY:   |
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|  |
| IMPLEMENTATION: Obstacles to overcome and who else may be involved |
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| ACCOUNTABILITY: To whom?   |
|  |
| MY PERSONAL COMMITMENT:  |
| X DATE:  |