Action Plan

Goal # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Action Steps | Time | Resources | Challenges | Progress | Results |
| What needs to be done? | When will these steps be completed? | What do you need to complete these steps? | What may block completion? How will you overcome these? | How will you know you're making progress? | Were these steps successfully completed? |
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