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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