

Post Event Action Plan

(Please Print)

District/Multiple District: _____

Workshop Title: _____ Date: _____

Key discoveries from the topics discussed:

Program ideas:

Action Plan 1:

Goal: _____

Priority: _____ Timeframe: _____

Step: _____ Who is responsible: _____ Date completed: _____

Action Plan 2:

Goal: _____

Priority: _____ Timeframe: _____

Step: _____ Who is responsible: _____ Date completed: _____

Action Plan 3:

Goal: _____

Priority: _____ Timeframe: _____

Step: _____ Who is responsible: _____ Date completed: _____

Action Plan 4:

Goal: _____

Priority: _____ Timeframe: _____

Step: _____ Who is responsible: _____ Date completed: _____
