

**Road Map Planning Worksheet**

**Part 2**

**Action Planning for Individuals or Departments**

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| Name of Person or Department:  |
| Mission Statement: |

**Individual or Department Action Plan**

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| **Review Dates** | **Progress Assessment** |
| Plan creation |  |
| 3-month Review |  |
| 6-month Review |  |
| 9-month Review |  |
| Completion |  |

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| Goal \_\_: (Enter Goal) |
| Our Objective, Action or Project |
| Lead Team Members |
| Actions | Start date | End date | Notes | Status |
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| Outcomes |

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