

ACTION PLAN

Learner: _____ Training Intervention: _____ Date: _____

My Support Team/Network _____ Supervisor: _____ Trainer: _____

Co-worker(s): _____

Specific Areas to Improve: (Think about distinct accomplishments and activities to be achieved.)

Problems to Overcome: (Describe the barriers that must be eliminated or reduced and how this will be done.)

Detailed Specific Actions in Sequence (Include regular progress reviews with the support team as a part of the specific actions)	Responsible person(s)	Resources	Date/Time*	Changes To Look For
Step 1.				
Step 2.				
Step 3.				
Step 4.				
Step 5.				
Step 6.				
Step 7.				
Step 8.				
Step 9.				
Step 10.				
Step 11.				

Commitment of Support Team/Network:

Signature of learner: _____ Date: _____
 Signature of supervisor: _____ Signature of trainer: _____
 Signatures of co-workers: _____

* establish set day and time for ongoing activities