

Action-Planning Form

AREA OF FOCUS: _____

ACTION TEAM: _____

GET	What results do we want to get?	How will we measure the results?

DO	What are the Big Rocks needed to achieve these results?	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SEE	What paradigms will guide our approach?

BIG ROCKS TIMELINE											
Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.

What are the next steps to put the Big Rocks in place?	Who will be responsible?	By when?
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		