

Action Plan Template (Template 8.2)

Directions: Complete this form to document what needs to happen to attain each recommendation goal. The categories framing this plan include Implementation Strategy; Action Steps/Activity; Responsible Party; When; and Resources. The team may consider completing a separate Action Plan for each recommendation goal. Please modify categories to reflect planning needs. Insert additional rows as needed.

Action Plan				
Clinic Name:		Implementation Team Lead:		Date:
Implementation Team Members:			Others Involved:	
Recommendation Goal:			Duration of Action Plan:	
Implementation Strategy	Action Steps/Activity	Responsible Party	When	Resources
1.	A.			
	B.			
	C.			
	D.			
2.	A.			
	B.			
	C.			
	D.			
3.	A.			
	B.			
	C.			
	D.			
4.	A.			
	B.			
	C.			
	D.			