

IMPLEMENTATION PLAN and SELF-EVALUATION of PROGRESS

Form expands as needed.

Name:

Workshop Topic:

Workplace Outcome:

Immediate Outcome: Skill I want to implement:	Self-Evaluation Date:
Steps I need to take to implement that skill:	Steps I have successfully implemented:
1 –	1 –
2 –	2 –
3 –	3 –
4 –	4 –
5 –	5 –
6 –	6 –
When and where will I begin to implement this skill: (where=in what part of the Daily Routine)?	Where I successfully implemented this skill:
What obstacles stand in the way of implementation?	Obstacles I have overcome:
What can I do to overcome the obstacles?	Strategies that worked to overcome obstacles:
What kind of support will I need and from whom?	Kind of support I received and from whom:
I will begin implementation...Date:	I <input type="checkbox"/> <u>am</u>/<input type="checkbox"/> <u>am not</u> ready to move to my next goal.
I will evaluate my progress...Date:	Not ready & will re-evaluate my progress... Date: