

**Action Plan Outline**

<b>Goals</b> (What do you want to happen?)	<b>Action Steps</b> (How will it happen?)	<b>Benefits</b> (What positive outcomes do you expect?)	<b>Evaluation</b> (How will you know when it is complete?)	<b>Assigned To:</b> (Who will do this?)	<b>Timeline:</b> (When will it be completed?)

Adapted from Oregon Head Start Collaboration Project

**Action Plan Outline (Continued)**

Resources Needed	Cost	Additional Community Contacts

Adapted from Oregon Head Start Collaboration Project