ACTION STEP IMPLEMENTATION PLAN and SELF-EVALUATION of PROGRESS

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| ***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)** |
| **Where will I begin to implement this skill?** | **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?** | **Kind of support I received:** |
| **Who will support me?** | **I received support from:** |
| **I will begin implementation…Date:** | **I □am/□am not ready to move to my next goal.** |
| **I will evaluate my progress…Date:** | **Not ready & will re-evaluate my progress…**  **Date:** |

***Implementation Plan and Self-Evaluation of Progress* form, created by Susan M. Terdan, Training Specialist, University of Kentucky.**