

Staff Meeting Action Plans**Date of Meeting**_____

Goal	Action Steps <i>What steps need to be taken in order to accomplish your goal?</i>	Owner <i>Who is responsible?</i>	Target Completion Date	Status <i>(circle one)</i>
A.	1.			Open/Pending/Closed
	2.			
	3.			
B.	1.			Open/Pending/Closed
	2.			
	3.			
C.	1.			Open/Pending/Closed
	2.			
	3.			
D.	1.			Open/Pending/Closed
	2.			
	3.			
E.	1.			Open/Pending/Closed
	2.			
	3.			