BEFORE YOU START TYPING IN THIS FORM, remember to download and save it *first*!

Self-Study Team Action Plan

TEAM:	DATE:			
Prioritized Improvement Area for Transition Planning:				
SMART 6-Week Goal:				
Steps to Get There		Who (Point Person Name)	When (Anticipated Completion Date)	Check as each step is completed
1.				ž
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Submit 1 completed copy of this form on the <u>Self-Study Facilitator Community</u> within 3 days and review with TC staff before your team starts working on the steps.