


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 <i>(Point Person Name)</i> | When <i>(Anticipated Completion Date)</i> | Check as each step is completed  |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |

Submit 1 completed copy of this form on the [Self-Study Facilitator Community](#) within 3 days and review with TC staff before your team starts working on the steps.