



Top Five Action Steps for Our Board

Organization Name:

ACTION STEP 1

Point Person:			
Strategic Step:			
Deadline:			
Completed Date:		Coach's Help?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACTION STEP 2

Point Person:			
Strategic Step:			
Deadline:			
Completed Date:		Coach's Help?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACTION STEP 3

Point Person:			
Strategic Step:			
Deadline:			
Completed Date:		Coach's Help?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Top Five Action Steps for Our Board (*cont.*)

ACTION STEP 4		
Point Person:		
Strategic Step:		
Deadline:		
Completed Date:		Coach's Help? <input type="checkbox"/> Yes <input type="checkbox"/> No

ACTION STEP 5		
Point Person:		
Strategic Step:		
Deadline:		
Completed Date:		Coach's Help? <input type="checkbox"/> Yes <input type="checkbox"/> No