

# Participant Action Plan Worksheet



	Objective/Goal (Action Item)	Resources Needed	Action to be taken	Target Date	Actual Date
1.					
2.					
3.					

Instructor: \_\_\_\_\_  
(or AmeriCorps Coordinator)

Participant: \_\_\_\_\_  
AmeriCorps Site Supervisor Communication Workshop

Action plan success will be assessed in \_\_\_one month (date: \_\_\_\_\_) or three months (date: \_\_\_\_\_)