SSIP ACTION PLANNING - #3

Date			
SSIP Criteria			
Objective			
Team/Work Group Memb	pers		

Strategies to Achieve Objective	Timelines, Persons Responsible,	Resources Needed	Indicators of Success & Evaluation Plan	Date & Status or Date Completed

Date:	Present:	Notes:
Date:	Present:	Notes:
Date:	Present:	Notes:
Date:	Present:	Notes: