

Action Plan

Organization Name: _____ Date: _____

Goal What do we want to accomplish?	Action Steps What activities need to happen?	Timeline Start dates	Measurement How is progress measured?	Lead Person	Stakeholders Who will be involved and/or impacted?	Complete?
Example: Offer healthy food option and water at all staff functions.	a) Discuss at wellness committee level. b) Get buy-in from leadership. c) Provide list of what constitutes healthy to responsible staff.		Taste tests Survey staff to find out healthy preferences before and after	Wellness Coordinator Manager Wellness Champion	Staff	Yes
1.	1a. 1b. 1c.					
2.	2a. 2b. 2c.					
3.	3a. 3b. 3c.					
4.	4a. 4b. 4c.					

