

STRATEGIC PLAN

Name of the Agency:

Date

Section One: Training and Staff Development	
Score:	Notes on Results:
Proposed Activities:	
1. By _____, _____, we will: month year	
2. By _____, _____, we will: month year	
3. By _____, _____, we will: month year	
Section Two: Agency Capacities	
Score:	Notes on Results:
Proposed Activities:	
1. By _____, _____, we will: month year	
2. By _____, _____, we will: month year	
3. By _____, _____, we will: month year	

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Section Three: Health Education	
Score:	Notes on Results:
Proposed Activities:	
1. By _____, _____, we will: month year	
2. By _____, _____, we will: month year	
3. By _____, _____, we will: month year	
Section Four: Administrative Issues	
Score:	Notes on Results:
Proposed Activities:	
1. By _____, _____, we will: month year	
2. By _____, _____, we will: month year	
3. By _____, _____, we will: month year	