

90 Day Implementation Plan Worksheet

STRATEGIC DIRECTION		ACCOMPLISHMENT TITLE (WHAT)		
INTENT (WHY)				START DATE:
				END DATE:
IMPLEMENTATION STEPS (HOW)		WHO	WHEN	WHERE
1.		1.	1.	1.
2.		2.	2.	2.
3.		3.	3.	3.
4.		4.	4.	4.
5.		5.	5.	5.
6.		6.	6.	6.
Coordinator:	Collaborators/Partners:	Evaluation Measures:	Budget Considerations:	Next Meeting Date(s):
Team Members:				