

INDIVIDUAL IMPLEMENTATION PLAN
PennTRAIN

Workshop: _____

Date(s) of Workshop: _____

GOALS RESULTING FROM MY PARTICIPATION IN THIS WORKSHOP

PennTRAIN workshops are result oriented. Prior to attending the training write three (3) goals relating to this training that you would like to accomplish at your work. Common examples would include items such as implementing/updating a policy, improving a work process, sharing knowledge from this training with other staff, etc. During the training you will write a list of steps to accomplish each goal as well as when you will complete each step.

Name of the person responsible for your participation in this workshop: _____

Email of the person responsible for your participation in the workshop: _____

(Upon return to your agency, discuss and finalize your goals and steps with this person within one (1) week after the training)

Short-Term Goal (Less than 30 days): _____

Step 1: _____ **Complete by:** _____

Step 2: _____ **Complete by:** _____

Step 3: _____ **Complete by:** _____

Step 4: _____ **Complete by:** _____

Medium-Term Goal (Between 30 and 90 days): _____

Step 1: _____ **Complete by:** _____

Step 2: _____ **Complete by:** _____

Step 3: _____ **Complete by:** _____

Step 4: _____ **Complete by:** _____

Long-Term Goal (Between 90 and 180 days): _____

Step 1: _____ **Complete by:** _____

Step 2: _____ **Complete by:** _____

Step 3: _____ **Complete by:** _____

Step 4: _____ **Complete by:** _____

Name: _____

Company: _____

Date: _____