Logo, company name

Description automatically generated

|  |  |
| --- | --- |
| **Afterschool Heals Tennessee Action Plan Chart** | |
| **Instructions**  This Action Plan template will help employers organize goals based on ideas generated by the Wellness Committee. | *With the wellness committee, discus if the action plan meets the below criteria:*   * **Realistic.** Are your goals easily achievable by the given timeline? * **Clear**. Is it apparent who is responsible for meeting the stated goals? * **Supported**. Does the staff understand the importance of these goals? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal** | **Steps to Completion** | **Lead** | **Timeframe** | **Needed Resources** | **Updates** |
| *Should relate to an Idea for Action provided in the Substance Abuse Response Toolkit* | *List of specific tasks needed to complete the Action Step.* | *Person responsible for leading action.* | *Goal date to complete goal.* | *What resources help support this goal? (consult Substance Abuse Response Toolkit)* | *Progress toward meeting the goal.* |
| *Example 1: Host a Lunch and Learn on Opioid Addiction* |  |  |  |  |  |
| *Example 2: Develop a response plan in event of overdose emergency* |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal** | **Steps to Completion** | **Lead** | **Timefra me** | **Needed Resources** | **Updates** |
| *Should relate to an Idea for Action provided in the Substance Abuse Response Toolkit* | *List of specific tasks needed to complete the Action Step.* | *Person responsible for leading action.* | *Goal date to complete goal.* | *What resources support this goal? (consult toolkit)* | *Progress toward meeting the goal. (not started, in progress, ongoing, complete)* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |