| Your Name(s): | | | | |
|--|--|--|--|---|
| Action or Change What will we do or what could we try? | Who will do it? A person, a group, me or someone else? | Who will help us? What support and expertise do we need? | When will we do it by? When will we begin and when will we see a result? | How will we know it's had a positive impact? What is the measure? |
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