**ACTION PLAN TEMPLATE**

**Program Name or Oversight Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person Completing Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Interesting Ideas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Possibilities for Strategy-Implementation within my State/Geographic Location/Program:

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*Please develop an action plan you can implement when you return from this training. This template can help you capture the thoughts, actions, and reflections you recorded during the course of the session.*

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| --- | --- | --- | --- | --- | --- | --- |
| Practice | Strengths | Challenges | Action/Activity | Lead | Other Partners/Resources | Targeted Completion Date  |
| Group: Intervention  |  |  |  |  |  |  |
| Group: Vicarious Trauma |  |  |  |  |  |  |
| Individual: Consultation/Supervision |  |  |  |  |  |  |
| Team Meetings |  |  |  |  |  |  |