



HOMWORK ACTION PLAN

S SPECIFIC **M** MEASURABLE **A** ACHIEVABLE **R** RELEVANT **T** TIME-BOUND

Name Click or tap here to enter text. Class # Click or tap here to enter text.

Dealership Click or tap here to enter text. Date Use Dropdown to enter a date.

| | | | |
|---|----------------------------------|------------------------|----------------------------------|
| Current Situation or Challenge to be Addressed: | Click or tap here to enter text. | | |
| Current Performance Level (include specific measure): | Click or tap here to enter text. | | |
| Goal (what do you want to achieve?) | Click or tap here to enter text. | | |
| Goal Performance Level (include specific measure) | Click or tap here to enter text. | | |
| Goal Start Date: | Use Dropdown to enter a date. | Goal End Date: | Use Dropdown to enter a date. |
| First Check-in Date: | Use Dropdown to enter a date. | Performance Objective: | Click or tap here to enter text. |
| Second Check-in Date: | Use Dropdown to enter a date. | Performance Objective: | Click or tap here to enter text. |
| Third Check-in Date: | Use Dropdown to enter a date. | Performance Objective: | Click or tap here to enter text. |
| Fourth Check-in Date: | Use Dropdown to enter a date. | Performance Objective: | Click or tap here to enter text. |
| How does your goal align with the dealers' vision? | Click or tap here to enter text. | | |
| What are the potential benefits of achieving your goal? | Click or tap here to enter text. | | |
| What are the potential consequences if you don't achieve your goal? | Click or tap here to enter text. | | |

HOMEWORK ACTION PLAN

S SPECIFIC
 M MEASURABLE
 A ACHIEVABLE
 R RELEVANT
 T TIME-BOUND

| | |
|---|----------------------------------|
| Why is the goal important to you? | Click or tap here to enter text. |
| Potential Obstacles | Click or tap here to enter text. |
| Potential Solutions | Click or tap here to enter text. |
| BOTTOM LINE! Financial Impact of Achieving Your Goal (expressed in dollars) | Click or tap here to enter text. |

What specific actions or steps will you take to accomplish your goal? What will you do differently or improve? For each, be sure to include necessary resources, who is accountable, the measurable result, and dates.

| SPECIFIC ACTION/STEP | NECESSARY RESOURCE(S) | ACCOUNTABLE PERSON(S) | EXPECTED RESULT | START, END, & CHECKPOINT DATES |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

HOMEWORK ACTION PLAN

S SPECIFIC **M** MEASURABLE **A** ACHIEVABLE **R** RELEVANT **T** TIME-BOUND

As you work toward your goal, it's important to have interim check points with specific, measurable objectives so your team can hold themselves accountable. If everyone knows the goal and objectives, you don't have to spend your valuable time micromanaging.

Once you've accomplished your goal, added or adjusted policies, procedures, and behaviors, now what? How will you ensure you and your staff do not fall back into the previous habits that produced poor results? Be specific.

[Click or tap here to enter text.](#)

Describe any planning or implementation meetings conducted as part of development of your plan.

[Click or tap here to enter text.](#)

Sponsor Signature: _____