

# Departmental Action Plan

Student Name:

Class & Student Number:

Academy Week:

**Current situation or challenge you want to address:**

**Overall Objective and Specific Desired Results:**

**Describe your action plan in detail (be specific and include before and after measurements)**

**Timeline:** Describe specific short term and long term checkpoints to monitor progress

**Meeting with Stakeholders (dealership personnel)**

Describe what behavior change is needed to support desired goal. Address required coaching, training and/or consequences. Include timelines / Accountability / Monitoring process

- a. Who:
- b. What:
- c. By When:
- d. How:

**Dealer agreement:**

If you need your sponsors support or approval to implement your plan, have it signed off before you start. If you can proceed on your own, present this action plan to your sponsor before next class. Describe the meeting:

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