



INDIANA TEEN INSTITUTE

“ACTION PLAN SHORT FORM”

ACTION PLANNING - IF YOU WANT IT TO HAPPEN, YOU GOTTA HAVE A PLAN!

REMEMBER TO FIRST: **A**SK **B**RAINSTORM **C**HOOSE THEN: **D**O IT! **E**VALUATE

1. WRITE IT! - THE GOAL AND YOUR DEADLINE

we (name of your group) _____

will (describe goal) _____

by (date) _____

2. MAKE SURE YOUR GOAL IS SMART

SPECIFIC - Is it well defined? Clear to everyone involved?

MEASURABLE - Will you know when it has been achieved?

AGREED UPON - Is everyone in agreement?

REALISTIC - Is it within the availability of resources, knowledge and time?

TIME-BASED - When will you begin and end, exactly? Is this enough time?

3. SCHEDULE IT! Make a specific set of directions using the TO DO LIST

Draw up an event planner using the form on the next page. Make sure you list all the activities which need to take place, when they need to be completed and who is responsible for completing them.

4. DO IT! Put the plan into action.

