



Technical Assistance Action Plan Worksheet

Facility Name:

Wellness Policy Goal:

Date:

Length of Visit:

Readiness for Change (What does the program already do that allow opportunities for change?)	Planned Visit Activities (What would you like to do during your visit based on their readiness for change?)	Resources Needed (What materials do you need to implement your planned activities?)	Activity Outcomes (What occurred during your visit?)	Reflection (Based on your visit, what are your next steps?)