

# Signature Program Action Plan

Program Name:

Contact(s):

Situation:

For Year(s):

**Need Assessment:** Summarize results of the [needs assessment](#) for your project.

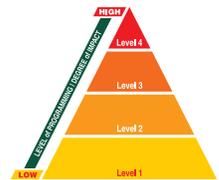
## Educational Objectives

List what participants will know, be able to do differently, or what behavior or condition change takes place because of participating in your project program.

Participant learning/intent/transfer and results:


## Educational Experience

Describe the experiences that will be utilized and identify the [Transformational Triangle](#) level to which this experience is most closely connected.



Transformational Education Experience

Level

Transformational Education Experience	Level

# Program Evaluation

List the evaluation/method/questions that will be utilized to determine whether objectives were met. Identify the Kirkpatrick Evaluation Model Level to which this evaluation is most closely connected.



Education Evaluation	Level

## Educational Program Plan Summary

Summarize your project plans, and how your project will enable your participants to achieve your desired results.

## Challenges

What are your primary challenges that still need help: