

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.



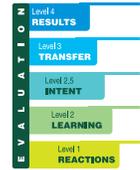
Transformational Education Experience

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: