

Program Name:	Completed by: Plan Effective Date:
Outcome	Methods
Outcome Name: State your Outcome	Instrument: Method:
	Minimum Criteria for Success: Target Population, Sampling Strategy & Justification for Selection:
(Formula: Who/What + Action Verb + Target Area to Improve)	
Outcome Name: State your Outcome	Instrument: Method: Minimum Criteria for Success:
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*If your program has more than the three minimum required outcomes, please complete additional form(s).