

90-Day Implementation Steps Worksheet

For the 90 day period from _____ to _____

| | | | |
|---|--|---|----------|
| What action or goal are we implementing? | | To be completed by? | |
| Under which strategic direction? | | | |
| Who is wrangling/coordinating? | | Who else is helping or involved? | |
| What is the first thing that needs to happen in the next 90 days? | | Who? | By when? |
| <input type="checkbox"/> | | | |
| What should be done next? | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| When will your next meeting/check-in/report be? | | Is there anything you need to make all this happen? | |

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