

## GM@W Action Planning Worksheet

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PF3: CLEAR LEADERSHIP & EXPECTATIONS

**OBJECTIVE:** A work environment where there is effective leadership and support that helps employees know what they need to do, how their work contributes to the organization, and whether there are impending changes.

#### PF3 GM@W Survey Results

PF3 GM@W Survey Score: \_\_\_\_\_ (5 to 20)

Date administered: \_\_\_\_/\_\_\_\_/\_\_\_\_

SERIOUS CONCERNS	SIGNIFICANT CONCERNS	MINIMAL CONCERNS	RELATIVE STRENGTHS
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#### PF3 GM@W Organizational Review Results

PF3 GM@W Organizational Review Score: \_\_\_\_\_ (5 to 20)

Date administered: \_\_\_\_/\_\_\_\_/\_\_\_\_

SERIOUS CONCERNS	SIGNIFICANT CONCERNS	MINIMAL CONCERNS	RELATIVE STRENGTHS
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Serious Concerns = 5 to 9 Significant Concerns = 10 to 13 Minimal Concerns\* = 14 to 16 Relative Strengths\*\* = 17 to 20

\* Although this is a Minimal Concern, it is important to attend to it and review the GM@W Organizational Review Results and the GM@W Survey Results for any additional or individual-identified areas of concern.

\*\* Although this is a Relative Strength, it is important to review the GM@W Organizational Review Results and the GM@W Survey Results for any additional or individual-identified areas of concern.

	<b>Selected Action(s)</b> (What exactly are you planning to do?)	<b>Starting Date</b> (What is a realistic date to begin?)	<b>End Date</b> (Is the action ongoing or will it end? If so, when?)	<b>Action Team</b> (Who is involved? Be specific.)	<b>Indicator(s)</b> (What changes do you expect to result from this Action?)	<b>Evaluation Date</b> (When will you determine if the Action was successful?)
<b>Action Priority 1:</b>						
<b>Action Priority 2:</b> <i>(if applicable)</i>						
<b>Action Priority 3:</b> <i>(if applicable)</i>						