Program Name: _____________________________________________ Program Year________

Program Focus Team: _____________________________________________

Situation Statement:

Outcomes (Short, Medium and Long-term)

List what participants will know, be able to do differently or what behavior or condition change will take place because of their participation in your signature program.

Inputs/Outputs

Describe the educational experiences (workshops, webinars, field days, fact sheets, media, etc) that will be utilized
Program Evaluation

List the evaluation/method/questions that will be utilized to determine whether objectives were met.


