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| **Workplace Healthy Healer Plan Form** | | | | |
| **Goal 1 (required):** | | | | |
|  | **Tasks/Action Steps**  *What will be done?*  (Add additional rows as needed) | **Responsibilities**  *Who will do it?* | **Resources**  *Funding, Time, People, Materials* | **Timeline**  *By when? (month/day)* |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| **Goal 2 (optional):** | | | | |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |

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| **Consider the following questions as you develop a plan to reach your goals:** |
| * **What elements of “What Makes a Good Job,” assessment (Module 1 assignment) are important to you?** |
| * **How can your agency be a better place to work?** |
| * **Who can you depend on in your work environment, or in the broader health profession that you can turn to for support?** |
| * **What personality styles are in place in your work environment (True Colors)** |
| * **What boundary issues in the workplace need to be considered in your plan:** |