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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?**
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| * **How can your agency be a better place to work?**
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| * **Who can you depend on in your work environment, or in the broader health profession that you can turn to for support?**
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| * **What personality styles are in place in your work environment (True Colors)**
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| * **What boundary issues in the workplace need to be considered in your plan:**
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