***Leading to Action***

LEAD Group Name: Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Location: (town, county, state)

Please indicate how useful this session was to your LEAD effort.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Major Topics** | NotUseful | Not Very Useful | SomewhatUseful | FairlyUseful | VeryUseful |
| Writing SMART goals |  |  |  |  |  |
| Developing a Plan of Action |  |  |  |  |  |
| Exploring Common Challenges |  |  |  |  |  |

What might we do to improve this session?

What is your most significant take-away from this session?