**Who: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Short Title:**

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|  |

**Describe the ROCK**

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| --- |
|  |

**Is my ROCK S.M.A.R.T?**

|  |  |
| --- | --- |
| Specific: What specifically will I achieve? |  |
| Measurable: How will I measure completion? |  |
| Achievable: Is it achievable by me now? |  |
| Relevant: How is it relevant to our vision and goals? |  |
| Time-framed: What are key dates, what is final date? |  |

**Next Steps**

|  |  |  |
| --- | --- | --- |
| **By (Date)** | **Describe Activity Required for Achieving ROCK** | **Date Completed** |
|  | First Step: |  |
|  | Mid Step: |  |
|  | Mid Step: |  |
|  | Mid Step: |  |
|  | Describe your finish line: |  |

**Name / List** any Resources Needed for Completion that need to be coordinated or lined up.

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**Known Barriers/ Limitations**

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