

FISCAL YEAR: _____

WORKPLAN			
Objective Number:	Goal:		
Strategy:		Sub-Strategy:	
PARTICIPANTS TO BE SERVED	ACTIVITIES/TASKS NEEDED TO COMPLETE THIS OBJECTIVE		
Projected/Target Number of Participants:	Steps needed to complete objective by June 30 th .	Projected Timeframe	Staff Assigned
By Gender			
<input type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both			
By Age Group			
<input type="checkbox"/> 11 and younger			
<input type="checkbox"/> 12 – 14			
<input type="checkbox"/> 15 – 19			
<input type="checkbox"/> 20 – 25			
<input type="checkbox"/> 26 and older			
By Ethnic Group			
<input type="checkbox"/> African American			
<input type="checkbox"/> Anglo/ White			
<input type="checkbox"/> Asian			
<input type="checkbox"/> Filipino			
<input type="checkbox"/> Latino/Hispanic			
<input type="checkbox"/> Native American			
<input type="checkbox"/> Pacific Islander			
<input type="checkbox"/> Other			
INTERVENTION			
<input type="checkbox"/> Multi-Session Intervention			
• Number of sessions: _____			
• Minutes per session: _____			
<input type="checkbox"/> Single Session/Other Intervention			
CURRICULUM DESCRIPTION			
<i>[For Multi-Session Intervention]</i>			
Title(s):			
<input type="checkbox"/> Evaluated or <input type="checkbox"/> Non-Evaluated			
<input type="checkbox"/> Original or <input type="checkbox"/> Modified			
Is this strategy part of the Statewide Evaluation?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Objective Number: _____

FISCAL YEAR: _____

ACTIVITIES/TASKS NEEDED TO COMPLETE THIS OBJECTIVE

Steps needed to complete objective by June 30th	Projected Timeframe	Staff Assigned

Objective Number: _____

FISCAL YEAR: _____

SITES OF SERVICE FOR THIS INTERVENTION

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

DOCUMENTATION AND EVALUATION

Process Measures:

Workplan Revision Date: _____