



Abbreviated PATH Plan

DATE: _____

Team Name: _____

Utilize this abbreviated version of the PATH plan if your team has previously completed one or more PATH plans at a SCPI strategic planning event.

North Star/5 Year Vision

Team Membership		
Name	Organization	Confirmed Member?

Goal 1

6 month GOALS
DATE: _____

	Tasks	Lead	Due Date

1 month GOALS
DATE: _____

	Tasks	Lead	Due Date

Identify your 1st STEPS
DATE: _____

	Tasks	Lead	Due Date

Goal 2

6 month GOALS
DATE: _____

	Tasks	Lead	Due Date

1 month GOALS
DATE: _____

	Tasks	Lead	Due Date

Identify your 1st STEPS
DATE: _____

	Tasks	Lead	Due Date

Goal 3

6 month GOALS

DATE: _____

	Tasks	Lead	Due Date

1 month GOALS

DATE: _____

	Tasks	Lead	Due Date

Identify your 1st STEPS

DATE: _____

	Tasks	Lead	Due Date