



Team(s) _____

Team Leader(s) _____

Team Leader email address(es)
_____ @ _____ @ _____

Strategic Priority _____
(if the goal does not support a Strategic Priority, put "Not Applicable")

Date goal set _____

What is the goal?

Goal Checklist – this is your assessment of the goal. Check the box if your goal meets the criterion. Also, you should answer the questions for **M**, **R**, and **T**.

- Specific**
- Measurable** – How will this goal be measured? What has to be achieved/completed?

- Achievable**
- Results Oriented** -- What outcomes are expected via this goal?

- Time Specific** – By when will the goal be achieved, including interim progress indicators?

What action steps will be taken to achieve this goal?

Submit your goal **by August 31, 2020** to:

- 2020-21 DG Ed Marek at ed.marek.5960@gmail.com
and
- Rotary District 5960 Strategic Plan Team Leader, PDG Newell Krogmann at krogmann@earthlink.net