|  |  |  |  |
| --- | --- | --- | --- |
| **Locality:** | enter locality | **Date of Review:** | select date |
| **Vision:** enter vision | | | |
| **Mission:** enter mission statement | | | |

**1. Does the CSA Vision continue to support and reflect the priorities of the CPMT? Yes  No**

**2. Does the CPMT continue to support the CSA program mission? Yes  No**

**3. Do the goals, strategies, and benchmarks continue to align with the CSA program's Vision and**

**Mission? Yes  No**

|  |  |
| --- | --- |
| **Plan Goals** | |
| **Focus Area** | enter focus area #1 |
| **Goal 1:** | enter goal |
| **Goal 2:** | enter goal |
| **Goal 3:** | enter goal |
| **Focus Area** | enter focus area #2 |
| **Goal 1:** | enter goal |
| **Goal 2:** | enter goal |
| **Goal 3:** | enter goal |
| **Focus Area** | enter focus area #3 |
| **Goal 1:** | enter goal |
| **Goal 2:** | enter goal |
| **Goal 3:** | enter goal |

**4. Are the plan strategies accomplishing the intended goals?**  **Yes**  **No** **How do you know?**

|  |
| --- |
| enter data |

**5. Are there changes to the plan that need to be made?**   **Yes**  **No** **If yes, list changes.**

|  |
| --- |
| enter changes to the plan |

**6. Next steps:**

|  |
| --- |
| enter next steps |