|  |  |  |  |
| --- | --- | --- | --- |
| **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 |