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| **Action Plan** | | | | |
| INSTRUCTIONS: Please fill in all columns below for each recommended action plan strategy. | | | | |
| **Strategy #1:** | | | | |
| **Actions** *(List specific tasks)* | **Anticipated Barriers  to Implementation** | **Plan to Overcome Identified Barriers** | **Target Completion** *(month/year)* | **Person Responsible** |
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| **Action Plan (Continued)** | | | | |
| INSTRUCTIONS: Please fill in all columns below for each recommended action plan strategy. | | | | |
| **Strategy #2:** | | | | |
| **Actions** *(List specific tasks)* | **Anticipated Barriers  to Implementation** | **Plan to Overcome Identified Barriers** | **Target Completion** *(month/year)* | **Person Responsible** |
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