**Action Plan – SS/HS State & Community Program**

**State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/Community Partners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Developed:**

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| **Action Steps**  | **What actions need to occur?** | **Who will carry out the action?** | **What data do you need to collect?** | **Date To Be Completed**  | **Who will follow up on task completion?** | **Date Information to be sent to GPO?**  |
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