



School Nutrition **S.T.A.R.** Program

Strategies * **T**raining * **A**ction Plans * **R**esources

Workforce Development and Job Skills Training

Manager's Action Plan

Participant's Name: _____

Topic: _____

Expected Outcomes (measurable and specific):

Milestone (What will you do to achieve the expected outcome)	Person Responsible	Can you complete your milestone?		Target Date	Date Completed
		Yes	No		

Resources
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