

Team Development Plan

Team: _____

Team Members:

Team Leaders:

Period Covered: _____ to _____

Long Term Team Development Goals

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Annual Outcomes	Steps to Achieving Outcome	Resources

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How will outcomes be measured?

How will change in performance be measured?

When will plan be re-evaluated?

Team Member Signatures & Date:

Regional Coordinator & Lead Clinician Signatures & Date:

Technical Supervisors' Signatures & Date: