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| --- | --- | --- | --- | --- | --- |
| **Your Name** |  | | **Project** |  | |
| **Purpose** | What do you want to accomplish? | | **Success Criteria** | | What has to be true when this project is completed? |
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|  | | |
| **Importance** | What’s the biggest difference this will make? | |  | | |
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|  | | |
| **Ideal Outcome** | What does this completed project look like? | |  | | |
|  | | |  | | |
|  | | |
| **Best Result** | If you do take action. |  | | | |
| **Worst Result** | If you don’t take action. |  | | | |