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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. |  |