

Georgia PTA PLAN OF ACTION 2015-2017

Position _____ Name of Officer/Chair _____

Responsibilities/Duties See Job Descriptions of Georgia PTA	1.
	2.
	3.
	4.
Goals:	•
	•
	•
	•

SPECIFIC ACTION STEPS <i>(How are you going to do it and where does it impact the Strategic Plan?)</i>	Start Date	Completion Date
Advocacy		
Membership		
Leadership		
Financial Viability		
Organizational Effectiveness		
Budget:		
Committee Members:		
Plan: Approved _____ Disapproved: _____ Date: _____ <i>(By a majority of the Executive Committee)</i>		