

Action Item Questionnaire

Action #: _____ Action Topic (See Topic Key): _____

Name of Organization: _____

Fill out this section once for your organization unless it is different for specific action items.

Contact Person (if different than primary): _____

Address (if different than if different than primary): _____

E-mail: _____

Phone: _____ Fax: _____

1. How far along is your organization in implementing this action?

- Not Started Underway Fully Implemented Continuous
- "Parking Lot" – no plans to implement at this time

2. What starting date timeline have you set for this action item (if applicable)?

- Less than one year One to two years Three to five years Six plus years

3. Are you experiencing or anticipating challenges that may hinder implementation?

- Yes No

3A. If you answered Yes to #3, would you like the Partner Assistance Team to contact you to see if it can be of any help in completing this item?

- Yes No

4. Can actions taken for implementation of this item be used as a model for other partners?

- Yes No

5. Can actions taken for implementation of this item be applied to other items?

- Yes No

6. Are you working with organizations not currently listed as a potential support partner for your action in the Tualatin Tomorrow Vision and Action Plan?

- Yes No

Additional information/comments: Designate which question number for which you are providing additional information or referencing from the above.
