**WAITLIST ACTION PLAN**

Length of current waitlist (in weeks)? Click here to enter text.

Context (Any situational factors that would be helpful in understanding the current waitlist): Click here to enter text.

Objective: Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Actions****(what you are doing or will be doing to reduce the waitlist)** | **Timeline (by when will the actions be achieved)** | **Measures of Success (How will you identify success)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Are additional Resources needed in your regions? If so describe and provide a brief rationale:

Click here to enter text.