**Date:**       **CoARC Program Number:**        **Your referee is:**

Program Name:

**Name of the person completing this form:**

**Your relationship to the program (job title):**

|  |  |  |  |
| --- | --- | --- | --- |
| DETAILED ACTION PLAN **Please Note: A separate form for each Standard/Citation is necessary if more than one action plan is required.** | | | |
| **PROPOSED ACTION(S)**  **(What/How)** | **RESPONSIBLE GROUP/PERSON**  **(Who)** | **DATE**  **START/END**  **(When)** | **COMMENTS**  **(Why)** |
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If you have any questions concerning this progress report, please call the CoARC Executive Office at (817) 283-2835.

**REMINDER**: Upon completion of this report, please forward a copy **electronically** to the Executive Office ([shelley@coarc.com](mailto:shelley@coarc.com)).