**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).