

MONTHLY ACTION PLAN:



Following each mentoring day at your clinic, we will develop an action plan with you to assist you in working towards AYFS Accreditation. Please keep a copy of this record of this plan to refer to during implementation of your agreed actions.

Clinic:	Date:	Contributors to Action Plan:	

What has been achieved?	Who was responsible?	What is still outstanding?	Who was responsible?
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Challenges to be addressed	AIM: Goal /anticipated outcome /improvement	PLAN: Strategies /actions to achieve this	Person responsible to lead this	Timeframe

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