



The Impact Filter™

Name:

Date:

| Project | | | |
|---------------|---|------------------|--|
| Purpose | What do you want to accomplish? | Success Criteria | What has to be true when this project is finished? |
| | | • | |
| | | • | |
| | | • | |
| Importance | What's the biggest difference this will make? | | |
| | | • | |
| | | • | |
| | | • | |
| Ideal Outcome | What does the completed project look like? | | |
| | | • | |
| | | • | |
| | | • | |
| Best Result | If you do take action. | | |
| Worst Result | If you don't take action. | | |



The Strategy Circle®

Name: _____

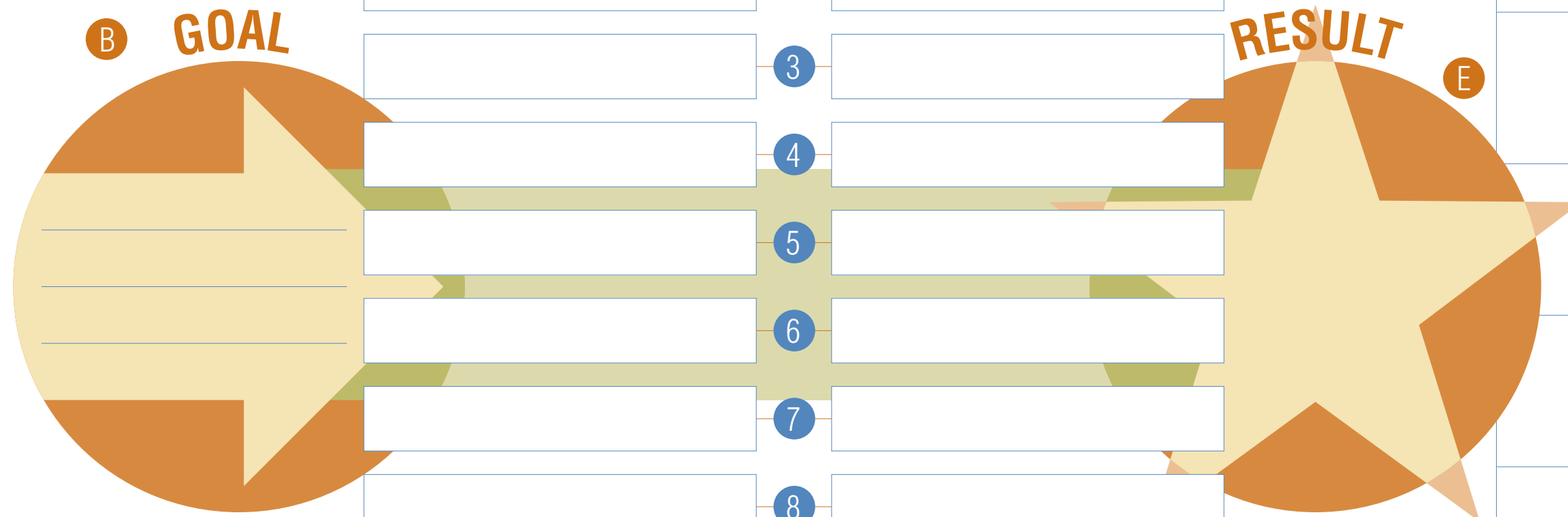
Date: _____

A PROJECT: _____

F **OBSTACLES**

G **STRATEGIES**

RESULTS



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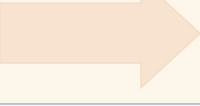
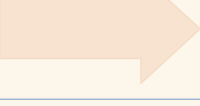
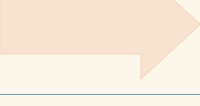
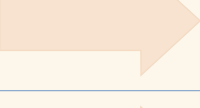
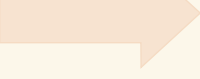
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| RESULTS |
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C TODAY'S DATE _____

D TARGET DATE _____

All those things that seem to oppose our goals are actually the raw material for achieving them.

The Project Planner

| | G | H | I | | | | | | |
|----|---|----------------|-------------------------|--|--|--|--|--|--|
| | Strategies | Who's Involved | Implementation Deadline | | | | | | |
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| 4 |  | | | | | | | | |
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