



Leadership Transitions Class PCAP Form

Manager Name: _____

Date of LTC Completion: _____

Coach Name: _____

Today's Date: _____

NSN: _____

Follow-Up Date: _____

Instructions: Review Participant Guide Notes, Purpose Statement, and Behavioral Commitment to determine what actions you will implement in your role as a Shift Leader. Work with your coach to choose 3-5 actions that will have the most impact on your own performance and the restaurant's results. Capture them on the form below, and then determine a mid-point review date (3 weeks from now) and a final completion date (6 weeks from now). Coaches should capture feedback from each check in on the last sheet.

Action 1:	Person(s) Involved/Responsible:	Mid Point Date Completion Date



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Action 2:	Person(s) Involved/Responsible:	Mid Point Date Completion Date
Action 3:	Person(s) Involved/Responsible:	Mid Point Date Completion Date
Action 4:	Person(s) Involved/Responsible:	Mid Point Date Completion Date



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Action 5:	Person(s) Involved/Responsible:	Mid Point Date Completion Date
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Mid-Point Check in (Coach's Notes):

Coach: Please provide feedback for each action item here. Redefine action plan if necessary at this point.



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Completion Check in (Coach's Notes):

Coach: Please provide feedback for each action item here. Redefine action plan if necessary at this point.

This certifies that the above named manager has satisfactorily completed their Post Class Action Plan for Leadership Transitions Class.

Coach's Signature

Manager's Signature

General Manager's Signature