

2019 Congregational Health Plan Check-In Form

Church: _____

Date: _____

Goal: _____

Objective # ____: Objective Date: _____

Objective: _____

- **Were you and the team able to meet this objective?**

If Yes: Congratulations. What did the team/church do to celebrate?

Have you moved on to your next objective?

If Yes: Is there anything I can do to help facilitate this next objective?

If No: Tell me more about what has the team/church stuck. Is there anything I can do to help you start this next objective? [Help Problem Solve]

If No: Tell me more about what has the team/church stuck.

What are your current plans for meeting this objective? [Help Problem Solve]

If Have a Plan: List the new plan and timeline here.

If no plan: **Set up a time to meet with the team to develop one:** _____

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Tips for Problem Solving:

- Has something happened in the church that makes it difficult to complete the objectives and meet the identified goals? {If major changes have occurred, the church may need to redo their Congregational Health Plan}
- Make the objectives smaller: Can the task be cut in ½? Cut in ½ again? At what point does the team feel comfortable and able to move on the task?

Example:

Goal: The Health Ministry will provide a health tip in the bulletin every Sunday during 2019.

Objective #1: Assign someone to select and submit a health tip each week.

Cut in ½: Identify people who want to submit health tips.

Cut in ½ again: Ask for volunteers/have a sign-up sheet next Sunday.

- Assess personnel burden: Have people's lives or obligations changed making it difficult to compete tasks? Is the task better suited for more people/less people?