Connecticut Leadership Academy for Middle Managers

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 Commissioner

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**Change Initiative Plan**

Name:       Work Site:

Number of Employees Supervised / Name(s) of Program(s) Managed:

Name of Change Initiative:

Vision for Change Initiative:

Brief description of Change Initiative:

What issues in the agency and community led to selecting this topic as a Change Initiative?

What is the research or evidence behind your Change Initiative? What level of evidence exists that this intervention will meet the need?

What is your position and span of responsibility in the agency and your role in relation to this Change Initiative?

What work, if any, has been done to date on this Change Initiative?

What work is still needed; what challenges do you face; and what do you see as next steps?