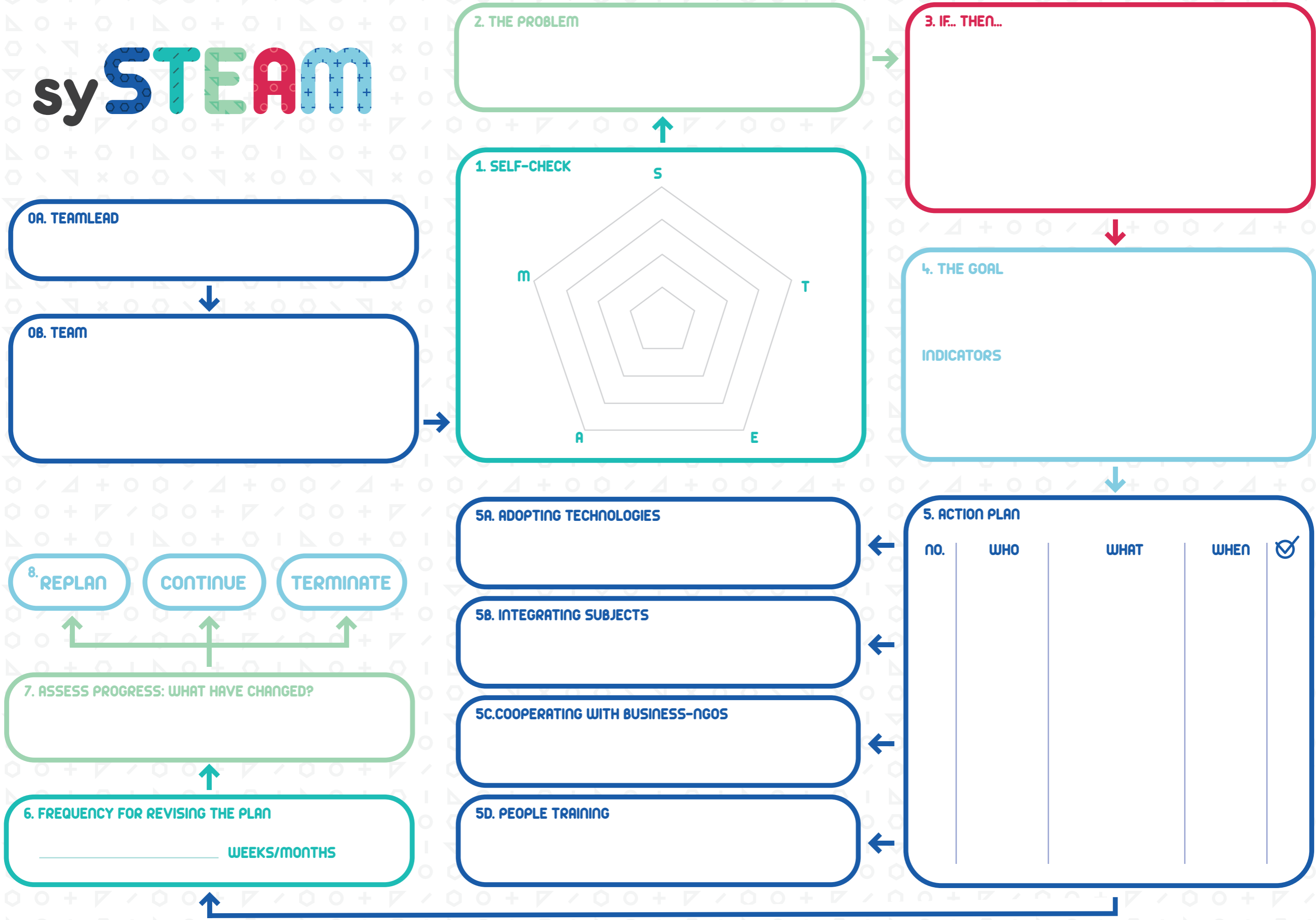


sySTEAM



0A. TEAMLEAD

0B. TEAM

2. THE PROBLEM

3. IF.. THEN...

1. SELF-CHECK

S
M T
A E

4. THE GOAL

INDICATORS

8. REPLAN CONTINUE TERMINATE

7. ASSESS PROGRESS: WHAT HAVE CHANGED?

6. FREQUENCY FOR REVISING THE PLAN

_____ WEEKS/MONTHS

5A. ADOPTING TECHNOLOGIES

5B. INTEGRATING SUBJECTS

5C. COOPERATING WITH BUSINESS-NGOS

5D. PEOPLE TRAINING

5. ACTION PLAN

NO.	WHO	WHAT	WHEN	<input checked="" type="checkbox"/>