

Partnership Plan

Lead Partners Name:	Lead Partner Outcomes:
Supporting Partners Name:	Supporting Partner Outcomes:

How Good is our Community Learning & Development 2 Indicator & theme	Group Outcomes	Type of support required	Support provider	Estimated time required	Proposed completion date	Monitoring and evaluation method to be used

Lead Partners Signature _____

Supporting Partners Signature _____

Date _____

Tasks	Responsibility	Progress	Completion date

Link to How Good Is our Community Learning & Development 2
http://www.educationscotland.gov.uk/Images/hgio2cid_tcm4-712725.pdf