

Deliverables Grid N.2

Beneficiary:

Manager:

Consultant:

	Deliverables to be implemented	Evaluation Criteria	OK	NOK
Action 2 Date	➡ Diagnosis: Team Mapping	Form Completed	<input type="checkbox"/>	<input type="checkbox"/>
	➡ Specific Objective	Fixed w/ Action Plan	<input type="checkbox"/>	<input type="checkbox"/>
	➡ Diagnosis: Meeting Facilitation	As an Auditor As an Auditee	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Priority objectives set with the manager				
Advice and recommendations from the consultant				