Launching a Mental Health Coaching Ministry - 1 Year Launch Plan Checklist:

Phase 1 - Explore (90 Days): Target Start Date: Target End Date: ☐ Prayer ☐ Identify an intercessory prayer team. ☐ Intercessor Name & Phone Number: ☐ Intercessor Name & Phone Number: ☐ Intercessor Name & Phone Number: _____ ☐ Intercessor Name & Phone Number: ______ ☐ Intercessor Name & Phone Number: ☐ Meet with intercessors. ☐ Date: _____ Time: ____ ☐ Date: _____ Time: ____ ☐ Date: _____ Time: _____ ☐ Date: _____ Time: _____ ☐ Needs Assessment ☐ Church Needs Identified O _____ ☐ Community Needs Identified ☐ Research and Identify Training Possible Training Researched: ☐ Possible Training Researched: ☐ Possible Training Researched: ☐ Training Selected: _____ ☐ Present Ministry Proposal ☐ Develop Ministry Proposal ☐ Schedule Meeting with Appropriate Leaders ☐ Prepare Materials (Needs Assessment Report, Training Summary, etc) ☐ Present Ministry Proposal ☐ Receive Leadership Approval Recruit, Interview, & On-Board Potential Team

☐ Individual Name & Phone Number:		
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Phase 2 - Build		
Outline Ministry Goals		
☐ Goal:		
☐ Goal:		
☐ Goal:		
 Outline Ministry Structure 		
☐ Create Ministry SOP		
☐ Organize Tracking Systems		
☐ Scheduling		
☐ Monitoring		
☐ Reports ☐ Outline Training Schedule		
☐ Schedule Training Checkpoints		
☐ Introduction Date:	Time:	
☐ Checkpoint 1 Date:		
☐ Checkpoint 2 Date:		
☐ Checkpoint 3 Date:		
☐ Register Team for Training		
Name:		Date Registered:
□ Name:		
		Date Registered:
□ Name:		
□ Name:		
Phase 3 - Train		
☐ Train Team		
☐ Name:		Date Completed:
☐ Name:		
☐ Finalize Forms and Processes		- ·
☐ Finalize Structure Documents		

☐ Create	e Marketing Materials		
	Website		
	Cards		
	Brochures		
☐ Introd	uce Ministry to Church		
	Scheduled Staff Meeting Presentation	Date:	_ Time:
	Staff Meeting Presentation Completed	b	
	Scheduled Leader/Volunteer Presenta	tion Date:	Time:
	Ministry Leader & Volunteer Presenta	tion Completed	
	Launch Weekend: Date:	Time:	
Phase 4 - Lau	nch		
☐ Implei	ment		
☐ Assess	5		
	Meet Team		
	Meet with Church Leadership		
	Review Evaluations		
☐ Revise	2		
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☐ Retrai	n		
	Training Scheduled: Date:	Time:	
	Training Completed: Date:	Time:	