



The Impact Filter™

Name:

Date:

Project			
Purpose	What do you want to accomplish?	Success Criteria	What has to be true when this project is finished?
		•	
		•	
		•	
Importance	What's the biggest difference this will make?		
		•	
		•	
		•	
Ideal Outcome	What does the completed project look like?	•	
		•	
		•	
		•	
Best Result	If you do take action.		
Worst Result	If you don't take action.		