

CALL PLANNING AND OBJECTIVES FORM

Caller: _____
 Calling: _____
 Number: _____
 Time Zone: _____

	DATE	TIME
First Call	_____	_____
Scheduled 1 st Callback	_____	_____
Actual 1 st Callback	_____	_____
Scheduled 2 nd Callback	_____	_____
Actual 2 nd Callback	_____	_____

Estimated Time Needed _____ Minutes
 Actual Length of Call: _____ Minutes

	ACHIEVED?	
	Yes	No
First Objective: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Second Objective: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Third Objective: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Bare Minimum: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Key Questions to Ask: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Follow-Up Action: _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>