*Your name here*

Client name (if applicable):

*Your name here*

Your Name:



If you are applying to be a qualified ITC Map Facilitator, don’t forget to include your commentary on page 2.

2. DOING? NOT DOING (vs #1)

1. COMMITMENTS

(Improvement Goal)

4. BIG ASSUMPTIONS

3. HIDDEN COMMITMENTS

**Worry Box**

Write in here…

Write in here…

Write in here…

Write in here…

Write in here…

 For each map, please include a few sentences of commentary on this page addressing at least one of the following:

* where – specifically -- you think it is strong
* where you think it might need to be tightened up
* how the Big Assumptions explain the Immune System
* how you think you might dig deeper into Column 4 of the Map.