



Goal Planning for _____

To be completed by employee and supervisor.

Employee Name:

Employee ID:

Supervisor Name:

Each participant should use this form and opportunity to set professional goals as well as personal development goals that are in alignment with supervisor expectations.

Goal:

Action Steps:

Collaborators:

Created Date:

Target Date:

Completed

Goal:

Action Steps:

Collaborators:

Created Date:

Target Date:

Completed

Goal:

Action Steps:

Collaborators:

Created Date:

Target Date:

Completed

Signature indicates all parties have discussed goal planning for the year of _____.

Immediate Supervisor (Print Name/Sign/Date)

Employee (Print Name/Sign/Date)