**Goal Planning Worksheet**

Employee Name: Job Title: Department:

Supervisor:

Review Period:

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| --- | --- | --- | --- | --- |
| Goal: | | | | |
| Key Activities: (What do you need to do to accomplish this goal?) | Measurement: (How will you know when this goal is completed?) | Resources Needed: | Time Frame: | Status:  1st Meeting:  2nd Meeting:  3rd Meeting: |
| Comments: | | | | |