



QUARTERLY CHECK-IN

Name:	Date:
Next Review Date:	

Questions	Response
Review of Goals from previous period. (1-3 goals)	
What is going well?	
What is not going well or could use some improvement?	
Do you have what you need to perform your job?	
Are you feeling heard and valued in your role? Are you getting the info you need to do your job? To know what's happening in the organization?	

<p>Is there anything I can do to be of better assistance to you?</p>	
<p>Do you have questions for me about your compensation, benefits, policies or procedures?</p>	
<p>Training – is there any additional training or skills that you would like to obtain to help with your success?</p>	
<p>Goals for the coming period.</p>	

Other Notes:

Employee Signature: _____

Date: _____

Print Name: _____

Supervisor Signature: _____

Date: _____

Print Name: _____