

APPENDIX D
Policy #502
GOAL-SETTING QUESTIONNAIRE

Name: _____ Date: _____

Position: _____

Please take the time to answer the following questions. Be as honest as you can, giving each item serious thought. Submit to Board Chairperson by _____

What do you like the most about your job?

- _____
- _____
- _____

What do you like the least about your job?

- _____
- _____
- _____

What is most important to you in your current position?

- _____
- _____
- _____

Complete the following sentence by stating the changes that you would make: "If I were the Board Chairperson I would..."

- _____
- _____
- _____

List six professional goals that you will strive to accomplish in the upcoming year.

1. _____
2. _____
3. _____

4. _____
5. _____

6. _____
Indicate any training completed since your last review.

- _____
- _____

Indicate what training you feel you need to be more effective at your job.

- _____
- _____

Identify any areas of improvement you see in yourself and method of corrections.

- _____
- _____
- _____
- _____

List what you see to be your strengths as they relate to your position.

- _____
- _____
- _____
- _____

Employee

Board Chairperson