



## 2019-20 Member Development Form

### First Week Check-In

Member Name: \_\_\_\_\_

Partner Agency: \_\_\_\_\_

#### Strengths & Interests

*Identify member strengths and interests to guide in goal development.*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### Initial Short-Term Goals:

*Using member strengths & interests, develop SMART goals that benefit member professional development.*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### Training needed to meet goals:

*Identify training (formal and/or informal) needed to complete tasks.*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### Next Steps:

*Supervisor & member assignments*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_