

Family Service Worker Goal Setting Form

Staff Member Name:	Head Start Site:	Date:
Supervisor Name:	Head Start Staff Name:	

Family Service Worker Goals

Please reflect on the levels of performance on the Family Advocate Core Competencies and choose a goal that you are interested in working toward.

Meeting #1 Date: _____	Section 2
Set a goal. <small>I would like to work on... (link to Essential Function from Core Competencies)</small>	
Steps to take toward this goal: <small>(Include professional development, resources and needed supports)</small>	
My supervisor will help me by: <small>(Include professional development, resources and needed supports)</small>	
I will complete this plan by:	date
Our next meeting date:	date
Staff Member Signature: _____	Date: _____
Supervisor Signature: _____	Date: _____

Meeting #2 Date: _____	Section 3
Success I had in completing this goal: What worked? What helped?	
What challenges or barriers did I face in completing this goal?	
What will I try next? <small>(Include professional development, resources and needed supports)</small>	
My supervisor will help me by: <small>(Include professional development, resources and needed supports)</small>	
Our next meeting date:	date
Staff Member Signature: _____	Date: _____
Supervisor Signature: _____	Date: _____

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Meeting #3 Date: _____

Section 4

What challenges or barriers did I face in completing this goal?

What will I try next?

(Include professional development, resources and needed supports)

My supervisor will help me by:

(Include professional development, resources and needed supports)

Success I had in completing this goal:
What worked? What helped?

Our next meeting date:

date

Staff Member Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Meeting #4 Date: _____

Section 5

What challenges or barriers did I face in completing this goal?

What will we try next?

(Include professional development, resources and needed supports)

My supervisor will help me by:

(Include professional development, resources and needed supports)

Success I had in completing this goal:
What worked? What helped?

Our next meeting date:

date

Staff Member Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____