

Jewish Family Service It's Your Agenda Meeting Form

Empl	oyee Na	ame:	Date Comple	Date Completed by Employee:	
			professional and personal growt or free interchange of ideas and f This not a counselling forn	oster better communication.	
•	Logistics:				
	Participants – employee and direct manager				
		requency – once a quartouration – 15 to 30 minute	er or when requested by the emp	loyee	
			ce unless otherwise specified		
•	Conte	nt – Check all that app	ly:		
		Performance coaching			
	Work issues (e.g., prioritizing work, time management)Personal issues (e.g., personal issues impacting job performance)				
				formance)	
	☐ Interpersonal issues (e.g., conflict management, communication issues)			nication issues)	
	☐ Administrative issues (e.g., policy or procedure review/clarification)				
		Other:			
•	Follov	v up requested – Check Review of activity and r Employee goal develop Meeting with another er	esults ment and accountability for resul	ts	
		Meeting with another m	• •		
		-	anagei		
		Other.			
•	Summ	nary of Meeting:			
	Emplo	ovee Signature	Manager Signature	 Date	