

Shasta Head Start Child Development, Inc.

1:1 Practice

Employee Name:	Date
Manager Name:	
Previous Action Items/Updates	Follow up/Completion
Time Line Items	Expected Date of Completion
Individual Goal Progression	Accomplishments/Expected Date of Completion
Current Projects	Expected Date of Completion
Upcoming Month Action Items	Expected Date of Completion

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Action Items and Follow up	Expected Date of Completion
Upcoming Trainings	Expected Date
Recent Trainings	Expected Date
Training:	
What 2-3 things did you learn?	
How will you put them into practice?	
How will I know?	
Training:	
What 2-3 things did you learn?	
How will you put them into practice?	
How will I know?	
Additional Insights, Comments, and Observations	