



**WEST VIRGINIA DEPARTMENT OF EDUCATION
GOAL SETTING & ACCOMPLISHMENT WORKSHEET**

Employee Name: _____ Supervisor Name: _____
 Job Title: _____ Goal(s) for Period Ending: _____

GOAL 1

| Activity(ies) Established to Accomplish Goal 1 | Timeline(s) | Accomplishment(s) | Date Completed |
|---|--------------------|--------------------------|-----------------------|
| Activity 1.1 | | | |
| Activity 1.2 | | | |
| Activity 1.3 | | | |
| Activity 1.4 | | | |

GOAL 2

| Activity(ies) Established to Accomplish Goal 2 | Timeline(s) | Accomplishment(s) | Date Completed |
|---|--------------------|--------------------------|-----------------------|
| Activity 2.1 | | | |
| Activity 2.2 | | | |
| Activity 2.3 | | | |
| Activity 2.4 | | | |

GOAL 3

| Activity(ies) Established to Accomplish Goal 3 | Timeline(s) | Accomplishment(s) | Date Completed |
|---|--------------------|--------------------------|-----------------------|
| Activity 3.1 | | | |
| Activity 3.2 | | | |
| Activity 3.3 | | | |
| Activity 3.4 | | | |

GOAL 4

| Activity(ies) Established to Accomplish Goal 4 | Timeline(s) | Accomplishment(s) | Date Completed |
|---|--------------------|--------------------------|-----------------------|
| Activity 4.1 | | | |
| Activity 4.2 | | | |
| Activity 4.3 | | | |
| Activity 4.4 | | | |

Signature of Supervisor: _____ Date: _____ Signature of Employee: _____ Date: _____

Signatures certify that this WVDE Goal Setting & Accomplishment Worksheet has been reviewed and a copy has been provided to the employee.