

**BASIC SUPERVISORY COURSE**  
**Supervisor's Goals Form**

**Please Print**

<b>Your Name:</b>	<b>MELMS Identification Number:</b>	<b>Session Date:</b>
<b>Agency Name:</b>	<b>Session Location:</b>	<b>Session #:</b>
<b>Immediate Supervisor:</b>	<b>Immediate Supervisor's Title:</b>	

**YOUR GOALS AS A SUPERVISOR:**

*(Attach additional pages if needed. You need to think about your unique supervisory situation and challenges, and decide what some of the knowledge and skills are that you would like to acquire or perfect in order to meet these challenges. Then you need to meet with your immediate supervisor to obtain a signature and discuss these challenges in detail. The results of this meeting should be an agreement between the two of you concerning some very specific goals that you have concerning your own development as a supervisor. Write your goals in the area provided or attach a separate sheet of paper.)*

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**Participant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_