

Individual Project Goals Worksheet

Mentor/Coach: _____ Child Care Provider: _____

Date: _____ # Visits: _____ Region: _____

Please complete with the provider and return upon completion of your contract to:

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1471 Shoreline Suite 202
Boise, ID 83702

List the goals created by you and the provider:	What steps did you take to accomplish these goals?	Date:	Did you accomplish the goal? Yes/No/Comments

What successes and challenges did you have in meeting your goals?

What ideas do you have for further growth and improvement?