

## Individual Project Goals Worksheet

IdahoSTARS ★ 1471 Shoreline Drive, suite 202 ★ Boise, ID 83702 or Call the 2-1-1 Idaho CareLine by dialing 2-1-1 or 1-800-926-2588

Mentor/Coach: \_\_\_\_\_ Child Care Provider: \_\_\_\_\_

Director: \_\_\_\_\_

Date: \_\_\_\_\_ # of Visits: \_\_\_\_\_ Region: \_\_\_\_\_ Business name: \_\_\_\_\_

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 development?

### SUBMITTING GOALS WORKSHEET

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

Julaine Ziegert, Idaho AEYC  
1471 Shoreline, Suite 202  
Boise, ID 83702