

## EMPLOYEE CHECK IN FORM

Employee Name:	Date:				
PREVIOUS MEETING FOLLOW UP					
What were the main goals, challenges and follow up items	s from last meeting?				
UPDATES					
Any department updates, project updates, new projects, e	etc. to share.				
CHECK IN QUESTIONS					
What are you working on? How are you aligning with your goals?	Is there anything you could be doing even better?				
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What's going well? What are your wins this week?	How are you feeling? On a scale of 1-10, how fulfilled in your work are you right now? Why?				
What challenges are you facing?	Ask for feedback on ways you can be a better leader for this individual or your team.				
Is there anything I can do to help?	What else would you like to discuss?				
	TION ITEMS				