



DIRECTOR'S STAFF REPORT

STAFF NAME: _____

Director(s) Name: _____

Meeting Date: _____

Please fill in your staff member's names and check the correct column, which corresponds to their staff work.

<u>MEMBER</u>	<u>DID ASSIGNED JOB</u>	<u>DID NOT</u>	<u>DID NOT NEED</u>	<u>COMMENTS?</u>
1) _____				
2) _____				
3) _____				
4) _____				
5) _____				
6) _____				
7) _____				
8) _____				
9) _____				
10) _____				
11) _____				
12) _____				
13) _____				
14) _____				
15) _____				

What have you and your staff accomplished within the past two weeks?

What are your upcoming plans?

If you have held a meeting within the past two weeks who did NOT attend?

Are there any meetings planned in the future?

ADDITIONAL COMMENTS? (USE BACK IF NECESSARY)