

## PLANNING AND GOAL-SETTING FORM

Name:	Date:
Job Title:	Supervisor:
Department:	Performance Period:

## PERFORMANCE GOALS AND OBJECTIVES

Identify 3 to 5 goals and objectives for the forthcoming year/performance period. Both the supervisor and employee should have a shared understanding of all elements of each goal, and of expectations and timelines for its outcome. Individual performance, project focused and developmental goals should be included. Enter goals in order of importance. Use the following SMART criteria when setting goals. This is a living document therefore, as goals change, they should be documented, including the reason (s) why the change occurred, the date, and the level of progress toward completion at the time of the change.

S	Specific: Identify specific activities and results expected.			
M	Measurable: Identify how success will be measured – usually stated in terms of quantity, quality, timeliness or cost (e.g. increase by 25%).			
Α	Actionable/Attainable: Make sure goal can be successfully completed with the skills, resources and time available.			
R	Realistic: Ensure goal is practical, results-oriented and within the employee's realm of authority and capabilities.			
Т	Time-bound: Specify when the goal needs to be completed (e.g. by the end of Q2, or each month).			

<sup>\*</sup>Note – Each goal should support one or more C4HCO Strategic Goals from the current year/review period. Current C4HCO Strategic Goals are listed below.

## **2017 Strategic Goals**

- 1) Advocate to improve access to coverage in rural areas of Colorado
- 2) Maximize the number of consumers and employers who shop and enroll through the health insurance marketplace, and apply for available financial assistance
- 3) Improve the ability of customers to attain and retain the right coverage for their needs
- 4) Ensure that Connect for Health Colorado is a healthy and thriving organization

		Strategic	Performance Goal/Objective	How goal will be measured/evaluated		Check-In	Completion
Goal #	Initiation Date	Goal #	(Description)	measured/evaluated	Action Steps	Date(s)	Date
1							
2							
3							
3							
4							
5							
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## **DEVELOPMENT PLANNING**

	What kinds of professional development activities (e.g. in-house training, on-the-job experience, cross-training, stretch assignments, shadowing, mentoring, etc.) would you like to do during the coming performance period?						
What support or information do you need to complet	te these activities?						
Employee's Signature:	Date:						
Supervisor's Signature:	_ Date:						