# CO_1C_BLACK_SLDLeadership 1:1 Feedback FORM

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| Employee: | Supervisor: | Date: |

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| **Supervisor Section** | |
| Topic of Discussion | Expectations |
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| **Employee Section** | | |
| Employee’s Goals | Progress Made | Completion Date |
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| Employee Signature: | Date: |
| Supervisor Signature: | Date: |