# 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: |