DH Name:	Title	:	Date:
Boa	rd of Supervisors Go	oals and Development Works	heet
Instructions: During your evaluation will work with the CAO following	your evaluation to cor	nplete this section per discussion	ipon for the next evaluation period. In with the Board. You and the CAO wil
sign to acknowledge. (Please add	an additional sheet if r	nore space is needed.)	
Goals and Priorities			Time frame for completion.
Signatures	s acknowledge that	this form was discussed and	reviewed.
Board Appointee Signature	Date	CAO Signature	Date