# YEP Ambassador Goals and Reflections

Name: Date:

**Program Start Date:**

1. What are you hoping to achieve or gain by participating in the program?
2. What areas of CWS policy or practice interest you?
3. What strengths do you feel you have?
4. What skills or abilities are you interested in developing?
5. What are 1-3 goals?
6. What help do you feel you would need to be successful?
7. Attendance Goals
8. What have you enjoyed most during your time with YEP?
9. What have been the biggest challenges? Do you have any suggestions?
10. Suggestions:

**6 Month Evaluation:**

1. How do you feel you feel about the goals?
2. Successes
3. What have you enjoyed most
4. What have been the biggest challenges

**12 Month Evaluation:**

1. How do you feel you feel about the goals?
2. Successes
3. What have you enjoyed most
4. What have been the biggest challenges

**YEP Ambassador Program/Project Assignments**

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| --- | --- |
| **Program Assignments** | **Special Projects** |
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**SMART Goals**

**Specific:** Add in as many details as possible. What will you do? Why and by when?

**Measurable:** Make sure your goal is trackable. How will you measure your goal?

**Attainable:** Take time to reflect. Can you realistically accomplish this goal within a certain timeline?

**Relevant:** Think about what is important to you. Does this goal align with your values and larger objectives and goals.

**Time-Bound**: Keep yourself accountable. By when do you want to accomplish this goal? How long will it take?