

Quarterly Stylist One-on-One Form



TM Name: _____

Quarter & Year: _____

IDP Ready Y/N?

Team Member IDP:

Individual Results				
Month	Recovery & Refresh	Style Guide Execution	Standard Work Evaluations Complete Y/N:	Store UPT
M1				
M2				
M3				

Leader and Team Member Commitment:

Quarterly Focus:

Standard Work Complete Y/N:

Quarterly Follow-Ups	
Workday E-Learnings	
Clinics / Training	
Monthly Corporate Communication	
Holiday Focuses	

Supervisor Signature: _____

TM Signature: _____