

# Quarterly Visual Merchandising Supervisor One-on-One Form



Supervisor Name: \_\_\_\_\_

Quarter & Year: \_\_\_\_\_

IDP Ready Y/N?

Leadership IDP:

Department Results						
Month	Standard Work Evaluations Complete Y/N	Merchandising Assessment Score	Price Audit Completion Y/N	Overall Survey Score / CPU Survey	UPT	C/R%
M1						
M2						
M3						

Store Results									
Month	Store Power Rank	SPV	Comp %	Care Free %	Revive %	SPO %	Financing	C&T%	Store Survey
M1									
M2									
M3									

Results Action Plan:

Standard Work Complete Y/N:

Standard Work Action Plan:

Succession Planning:

Commitment:

BM Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_