

Quarterly Visual Merchensing Manager One-on-One Form



BM Name: _____

Quarter & Year: _____

What is the Team Members

Current Eval Score?

1 - Below, 2, 3, 4 - Above (etc.)

If "3 or 4" go to IDP

Leadership IDP:

Department Results								
Month	Standard Work Evaluations Complete Y/N	Merchandising Assesment Score	AP Audit Score	CPU Survey Score	Inventory Adjustments	UPT	Personal SPV	CR %
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:

Staffing/Turn Over			
T/O%	90 T/O%	Need FT	Need PT

Staffing/TO Action Plan:

Commitment:

GM Signature: _____

BM Signature: _____