Date of Spring Triad Meeting:

Candidate Name:

Advisor Name:

Sponsor:

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**PRE-TRIAD MEETING SECTION**

The Spring Triad Meeting is designed to:

* address any concerns raised in the end of year evaluation (Self, Advisor, Sponsor)
* confirm requirements that have been completed this year
* review and comment on the status of the goals identified in the previous Fall Triad meeting

[Before the Spring Triad meeting](https://drive.google.com/file/d/0B4pGCOKz0RN4SWpVTGUtUkhqbm8/view?usp=sharing), the Candidate will complete the Year-End Self-Evaluation form and share it with their Advisor and Sponsor, who will then add their comments and fill out their portion of this form. **Advisor and Sponsor comments must be shared with the Candidate prior to submission of this form.** (Candidate completes Part 1, Advisor completes Part 2, and Sponsor completes Part 3.)

At the completion of the Spring Triad meeting, the **Candidate** is responsible for ensuring that a signed electronic copy (electronic signatures are acceptable from all parties) of both forms is submitted to [mlcertification@uua.org](mailto:mlcertification@uua.org).

**TRIAD MEETING**

For the following questions, it is not necessary that all members of the Triad comment on each item. However, the Music Leadership Certification Committee is looking for verification that all members of the Triad were actively engaged in this meeting.

**Concerns**

1. What concerns, if any, were raised in the Self-Assessment – by the candidate or through the sponsor or advisor feedback?

What actions have been taken, might be taken, or will be taken, to address these concerns?

Candidate Comments:

Advisor Comments:

Sponsor Comments:

**Goals Set** ***Copy and paste Goals from Fall Triad Meeting here.***

1. What goals have been completed since the previous fall triad meeting?

Candidate Comments:

Advisor Comments:

Sponsor Comments:

1. What goals set at the previous fall triad meeting are uncompleted?

If there are uncompleted goals, how will they be addressed?

Candidate Comments:

Advisor Comments:

Sponsor Comments:

1. Have all requirements for this program year been completed and submitted?

Candidate Comments:

Advisor Comments:

Sponsor Comments:

Additional comments or concerns:

Candidate Comments:

Advisor Comments:

Sponsor Comments:

Candidate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_