Name: _______________________________  Position: _______________________________

Transitioning Person: ____________________________________________________________

Contact info (e-mail, phone, etc.) __________________________________________________

What goals should I set for myself?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

How does this position interact with other positions within the Association?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

What recommendations do you have for me?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
What was SGA’s greatest accomplishment? (Describe the accomplishment)

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

What was an issue that you wished SGA had worked on during your term in office?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

What was the daily, weekly, monthly routine like? (What your normal day looked like?)

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

If I were going to do this again, what would I do differently?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
What were the challenges with this position?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

What did you wish you knew going in/someone would have told you?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

How do you spend your office hours?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Specific Tasks (List tasks that you routinely do to ensure it’s covered by your transition partner):

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Meetings (List meetings you routinely have, who you have them with, what you cover, & how often they occur to ensure it’s covered with your transition partner):

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________