|  |
| --- |
| **Participant Name:**  |

**1. What discussion topics do you want to make sure are covered during the triad meeting?**

**2. What message do you want to convey to your supervisor in this meeting?**

**3. Do you have any concerns about meeting with your supervisor in the triad meeting?**

**4. What do you think the critical issues or challenges will be in successfully implementing your ADP strategies?**

**5. How can your supervisor help or provide support as you continue to refine and implement your ADP?**

**6. Any additional insights, comments or questions?**