

Milk Quality Goal Setting

Use this form at all four meetings

Meeting One Date _____ Farm _____

Discuss with your team:

What factors need to be addressed to improve milk quality on your farm?

(Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Milker Training | <input type="checkbox"/> Treatment Protocols & Drug Usage | <input type="checkbox"/> Contagious Mastitis |
| <input type="checkbox"/> Milking Routine | <input type="checkbox"/> Dry Cow Program | <input type="checkbox"/> Environmental Mastitis |
| <input type="checkbox"/> Milking System | <input type="checkbox"/> Fresh Cow Program | <input type="checkbox"/> Clinical Mastitis |
| <input type="checkbox"/> Cow and/or Parlor Hygiene | <input type="checkbox"/> Teat End Quality | <input type="checkbox"/> Subclinical Mastitis |
| <input type="checkbox"/> Other (Please List) _____ | | <input type="checkbox"/> Maintaining Low Bacteria Counts |

List No more than three goals and completion dates

Goal	Describe Each Goal	Target Date to Complete Goal	How will results be evaluated?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

★ Come back to this form at each meeting to review and modify original goals as needed

Meeting 2 - Review Team Goals:

Do any milk quality goals need to be changed or added? Yes No

If yes, please explain:

What progress toward your farm milk quality goals has been made? _____

Meeting 3 - Review Team Goals:

Do any milk quality goals need to be changed or added? Yes No

If yes, please explain:

What progress toward your farm milk quality goals has been made? _____

Meeting 4 - Review Milk Quality Goals:

Have the goals from Meeting One been met? Place a check in the appropriate box.

OUTCOMES

Goals	Completed	Progress Made	No Progress Made	Dropped Goal
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

★ Send in original of this form after first meeting and second copy after fourth meeting