Staff Satisfaction Survey

ID:	Supervisor Name:
Name:	Date:
Unit Name:	

Instructions: This survey will be used to improve our workforce practices. Please answer each question as accurately as possible. If you do not understand a question, answer it as well as you can and note your question(s) in the margin. Your answers will be kept confidential and will not affect your status as an employee at our organization. When you have completed this survey please return it in the envelope provided. If you have questions, you can contact xxx. Thank you.

A. **Opinion Questionnaire.** Please rate your work at our organization in the following areas. Circle the number under the word that most closely describes your overall opinion of each item.

Orientation and Training	Poor	Fair	Good	Excellent	No Opinion/ Not
1 Availability of a clear ich description for your position	1	2	2	4	Applicable
 Availability of a clear job description for your position. Communication of expectations about your job performance 	1 1	2 2	3	4 4	0
7 7 1		2	3	•	
Completeness and timeliness of orientation about our		2	3	4	0
organization in general and your workplace in particular. 4. Sufficient training materials and training opportunities to	1	2	2	4	0
		2	3	4	U
allow you to perform your job well.		2	3	4	0
5. Availability of follow-up training. Supervision	1	Z	3	4	U
	1	2	3	4	0
Availability of a supervisor to answer your questions and to assist you to carry out your duties.	1	2	3	4	U
	1	2	2	4	0
	1	2 2	3		
8. Recognition by your supervisor for your accomplishments.9. Fairness in supervision and employment opportunities.	1	2	3	4 4	0
1 1 2 11	1	2	3	4	0
10. Relationship with your supervisor.	1	2	3	4	U
Compensation and Benefits	1	2	3	4	0
11. Your rate of pay for your work.12. Paid time off you receive.	1 1	2	3	4 4	0
		2	3		0
13. Our policy regarding eligibility for paid time off.14. Benefits you receive - (for example, health and dental	1 1	2	3	4 4	0
insurance, retirement).	1	2	3	4	U
· · · · · · · · · · · · · · · · · · ·	1	2	3	4	0
15. Our policy regarding eligibility for benefits.	1	2	3	4	U
Other Aspects of Your Experience					
16. Opportunities to share your ideas about improving the services	1	2	3	4	0
provided. My opinions count.					
17. Your schedule/ flexibility.	1	2	3	4	0
18. Access to internal job postings.	1	2	3	4	0
19. Opportunities for ongoing professional development.	1	2	3	4	0
20. Degree to which your skills are used.	1	2	3	4	0
21. Morale in your office or program	1	2	3	4	0
22. Relationship with your co-employees.	1	2	3	4	0
23. Relationship with your supervisor's manager.	1	2	3	4	0
24. Attitude of consumers and families toward our organization.	1	2	3	4	0
25. I have the opportunity to do what I do best every day.	1	2	3	4	0
26. My supervisor or someone at work cares about me as a		2	3	4	0
person.		2	3	4	0
27. Someone at work encourages my development.		2	3	4	0
28. My coworkers are committed to doing quality work.		2	3	4	0
29. I have opportunities to learn and grow					

	(Mark up to 3 choices)		32.			top factors making you want to leave tion? (Mark up to three choices)		
		a.	Nothing				(
		b.	Benefits			a.	Low wages or benefits	
		c.	Co-employees			b.	Conflicts with coworkers	
		d.	Supervisors and Managers			c.		
			Clients/Consumers			d.	Job is too stressful, difficult or	
		f.	The mission and service goals				demanding	
		g.	The tasks I do for my job			e.	Our organization's focus or mission	
		h.	Opportunity for personal or				has changed for the worse	
			professional growth			f.	Demands of my other job/primary	
			Location				employment	
			Work atmosphere			g.		
		k.	Training and development				growth or advancement	
			opportunities			h.	Personal reasons	
		1.	Pay rate/salary			i.	\mathcal{C}	
		m.	Job variety			j.		
		n.	Flexible hours/Schedule			k.	Favoritism, lack of fairness	
		o.	\mathcal{E}			1.	Lack of staff	
		p.	Work is rewarding			m.	Too much criticism/Lack of support	
			Other (specify)			n.	Challenges with consumers	
							Poor Training	
31.	What co	ould	our organization do differently to help			p.	None of the above	
	you in y	our.	job? (Mark up to three choices)				Other (specify)	
		9	Nothing	33	Wha	at make	s you want to stay at our organization?	
		b.	My supervisor/manager could be more	55.			o 3 choices)	
		0.	supportive		(1114	rk up to	, s enoices)	
		c.	Improve training and support for			a.	Nothing	
		C.	supervisors				•	
		d.	Increase wages				~ .	
		e.	Improve access to paid time off					
		f.	Improve access to benefits (health,					
		1.	dental, retirement)				The consumers like/appreciate me	
		g.	Clarify and communicate organization				The mission and service goals	
		۶.	mission				The tasks or activities I do for my job	
		h.	Empower me to participate in			i.	Opportunity for personal or	
		11.	decisions that affect my work				professional growth	
		i.	Provide more or better training			j.	Location	
		j.	Reduce conflict between co-			J. k.	Work atmosphere	
		J.	employees/ improve team building			-	Training and development	
		k.	Improve supervisor/employee relations			*	opportunities	
		1.	Address low morale of workforce			m.	_^^	
		m.	Improve scheduling policies and				Job variety	
		111.	practices					
		n.	Improve communication between main				Recognition for a job well done	
		11.	office and program sites				Work is rewarding	
		0.	Improve communication between				The staff members are team players	
		0.	supervisors/managers and other staff				This is a good company to work for	
			Increase number of staff members in				Other (specify)	
		р.	my work site			t.	Other (specify)	
		q.	Improve recognition and feedback					
		r.	Improve orientation for new employees					
			In angaga ann antonitios for a Justice of					
		S.	Increase opportunities for advancement					
		t.	Reduce vacancy rate and turnover					
		u.	Other (specify)					

30. What do you like best about our organization?