

Exit Opinion Survey

ID: _____
 Name: _____
 Unit Name: _____

Supervisor Name: _____
 Date: _____

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.

<u>Orientation and Training</u>	Poor	Fair	Good	Excellent	No Opinion/ Not Applicable
1. Availability of a clear job description for your position.	1	2	3	4	0
2. Communication of expectations about your job performance	1	2	3	4	0
3. Completeness and timeliness of orientation about our organization in general and your workplace in particular.	1	2	3	4	0
4. Sufficient training materials and training opportunities to allow you to perform your job well.	1	2	3	4	0
5. Availability of follow-up training.	1	2	3	4	0
<u>Supervision</u>					
6. Availability of a supervisor to answer your questions and to assist you to carry out your duties.	1	2	3	4	0
7. Feedback and evaluation regarding your performance.	1	2	3	4	0
8. Recognition by your supervisor for your accomplishments.	1	2	3	4	0
9. Fairness in supervision and employment opportunities.	1	2	3	4	0
10. Relationship with your supervisor.	1	2	3	4	0
<u>Compensation and Benefits</u>					
11. Your rate of pay for your work.	1	2	3	4	0
12. Paid time off you receive.	1	2	3	4	0
13. Our policy regarding eligibility for paid time off.	1	2	3	4	0
14. Benefits you receive - (for example, health and dental insurance, retirement).	1	2	3	4	0
15. Our policy regarding eligibility for benefits.	1	2	3	4	0
<u>Other Aspects of Your Experience</u>					
16. Opportunities to share your ideas about improving the services provided. My opinions count.	1	2	3	4	0
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 person.	1	2	3	4	0
27. Someone at work encourages my development.	1	2	3	4	0
28. My coworkers are committed to doing quality work.	1	2	3	4	0
29. I have opportunities to learn and grow	1	2	3	4	0

30. What did you like best about our organization?
(Mark up to 3 choices)

- _____ a. Nothing
- _____ b. Benefits
- _____ c. Co-employees
- _____ d. Supervisors and Managers
- _____ e. Clients/Consumers
- _____ f. The mission and service goals
- _____ g. The tasks I do for my job
- _____ h. Opportunity for personal or professional growth
- _____ i. Location
- _____ j. Work atmosphere
- _____ k. Training and development opportunities
- _____ l. Pay rate/salary
- _____ m. Job variety
- _____ n. Flexible hours/Schedule
- _____ o. Recognition for a job well done
- _____ p. Work is rewarding
- _____ q. Other (specify) _____

31. What could our organization have done differently to help you in your job? (Mark up to three choices)

- _____ a. Nothing
- _____ b. My supervisor/manager could be more supportive
- _____ c. Improve training and support for supervisors
- _____ d. Increase wages
- _____ e. Improve access to paid time off
- _____ f. Improve access to benefits (health, dental, retirement)
- _____ g. Clarify and communicate organization mission
- _____ h. Empower me to participate in decisions that affect my work
- _____ i. Provide more or better training
- _____ j. Reduce conflict between co-employees/ improve team building
- _____ k. Improve supervisor/employee relations
- _____ l. Address low morale of workforce
- _____ m. Improve scheduling policies and practices

- _____ n. Improve communication between main office and program sites
- _____ o. Improve communication between supervisors/managers and other staff
- _____ p. Increase number of staff members in my work site
- _____ q. Improve recognition and feedback
- _____ r. Improve orientation for new employees
- _____ s. Increase opportunities for advancement
- _____ t. Reduce vacancy rate and turnover
- _____ u. Other (specify) _____

32. What factors made you choose to leave our organization? (Mark up to three choices)

- _____ a. Low wages or benefits
- _____ b. Conflicts with coworkers
- _____ c. Not enough hours/Schedule
- _____ d. Job is too stressful, difficult or demanding
- _____ e. Our organization's focus or mission has changed for the worse
- _____ f. Demands of my other job/primary employment
- _____ g. Lack of opportunities for professional growth or advancement
- _____ h. Personal reasons
- _____ i. Relocating out of area
- _____ j. Conflict or with supervisor or manager
- _____ k. Favoritism, lack of fairness
- _____ l. Lack of staff
- _____ m. Too much criticism/Lack of support
- _____ n. Challenges with consumers
- _____ o. Poor Training
- _____ p. None of the above
- _____ q. Other (specify) _____

33. Describe the type of position (if any) you plan to take after you leave this organization

34. Give examples of one or two specific incidents that made you decide to leave this job.