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		Fair	Good	Excellent	No Opinion/ Not
1 Availability of a classich 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
	1	2	3	4	0
3. Completeness and timeliness of orientation about our		2	3	4	U
organization in general and your workplace in particular. Sufficient training materials and training opportunities to		2	3	4	0
8 11		2	3	4	U
allow you to perform your job well.		2	3	4	0
5. Availability of follow-up training. Supervision		2	3	4	U
6. Availability of a supervisor to answer your questions and to	1	2	3	4	0
assist you to carry out your duties.	1	2	3	7	U
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
Compensation and Benefits	1	2	3	-	O
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	1	2	3	4	0
insurance, retirement).	1	2	3	-	O
15. Our policy regarding eligibility for benefits.	1	2	3	4	0
13. Our poncy regarding engionity for benefits.	1	2	3	-	O
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					

30.			like best about our organization?				
(Mark up to 3 choices)		3 choices)	32.			e top factors making you want to leave	
			NT di		our org	anız	ation? (Mark up to three choices)
		•	Nothing Penafits				Low wages or banefits
			Benefits				Low wages or benefits
		c.	r				Conflicts with coworkers
		d.	Supervisors and Managers				Not enough hours/Schedule
		e.	Clients/Consumers			d.	
		f.	The mission and service goals				demanding
			The tasks I do for my job			e.	Our organization's focus or mission
		h.	11 7 1				has changed for the worse
			professional growth			f.	Demands of my other job/primary
		i.	Location				employment
		j.	Work atmosphere			g.	
		k.	Training and development				growth or advancement
			opportunities			h.	Personal reasons
		1.	Pay rate/salary			i.	Relocating out of area
			Job variety			j.	Conflict or with supervisor or manager
		n.	Flexible hours/Schedule			k.	
		ο.	Recognition for a job well done			1.	Lack of staff
			Work is rewarding			m.	Too much criticism/Lack of support
		-	Other (specify)			n.	
		•	\ 1				Poor Training
31.	What co	ould	our organization do differently to help				None of the above
			job? (Mark up to three choices)				Other (specify)
		•	, , ,			•	\1 \ \2/-
		a.	Nothing	33.	What n	nakes	s you want to stay at our organization?
			My supervisor/manager could be more				3 choices)
			supportive			•	
		c.	Improve training and support for			a.	Nothing
			supervisors			_	Benefits
		d.				c.	Co-workers
		e.					Supervisors and Managers
		f.	Improve access to benefits (health,			e.	
			dental, retirement)			f.	The consumers like/appreciate me
		g.	Clarify and communicate organization			g.	
		0	mission				
		h.	Empower me to participate in			i.	Opportunity for personal or
			decisions that affect my work				professional growth
		i.	Provide more or better training			j.	Location
		j.	Reduce conflict between co-			k.	Work atmosphere
		J.	employees/ improve team building			1.	Training and development
		k.	Improve supervisor/employee relations			1.	opportunities
		l.	Address low morale of workforce			m.	7.
							Job variety
		m.	Improve scheduling policies and			n.	Flexible hours/Schedule
			practices			0.	
		n.	Improve communication between main			p.	Recognition for a job well done
			office and program sites			q.	Work is rewarding
		ο.	Improve communication between			r.	The staff members are team players
			supervisors/managers and other staff			S.	This is a good company to work for
		p.	Increase number of staff members in			t.	Other (specify)
			my work site				
		q.	Improve recognition and feedback				
		r.	Improve orientation for new employees				
			T				
		s.	Increase opportunities for advancement				
		t.	Reduce vacancy rate and turnover				
		u.	Other (specify)				