

Worksite Orientation Quality Survey

The sole purpose of this survey is to continually seek improvements in our orientation processes. Orientation should provide pertinent information for new employees so they may feel confident and acclimated to their new environment. Information contained in this survey is **completely confidential**. Please bring completed survey to Human Resources or send via interoffice mail.

Start Date: _____

Your Department and Division: _____

Upon completion of the orientation process:

Did you understand the purpose of your Department and Division? Yes No

If no, explain what would have helped: _____

Did you feel welcome at your work site? Yes No

If no, explain what would have helped: _____

Was your work site's Emergency Plan explained thoroughly to you? Yes No

Do you feel that you would know what to do in the event of an emergency? Yes No

How much time did your supervisor and/or mentor spend with you during your first week? _____

Did your supervisor answer your questions sufficiently? Yes No

Do you feel that you are welcome to go to your supervisor to ask questions? Yes No

Do you feel that you have been adequately informed of how to safely perform your job? Yes No

Do you feel that the details of your probation period were explained thoroughly? Yes No

What information/activities assisted you in adjusting to your new job during your work site orientation?

What information/activities could have been provided to make this adjustment easier?

Please feel free to provide suggestions for improving the quality of the orientation process.

Thank you for your time and honest feedback.