

## Exit Survey

Date: \_\_\_\_\_

Area Program: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

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 ability for re-employment at our agency. When you have completed this survey please return it in the envelope provided. Thank you.

Please rate your experience at our agency in the following areas. Circle the number under the word that most closely describes your overall opinion of each item.

1. Poor      2. Fair      3. Good      4. Excellent      0. No Opinion/Not Applicable

ORIENTATION AND TRAINING						
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 the agency 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
SUPERVISION						
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
COMPENSATION AND BENEFITS						
11.	Your rate of pay for your work	1	2	3	4	0
12.	Amount of 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 insurance, retirement)	1	2	3	4	0
15.	Our policy regarding eligibility for benefits	1	2	3	4	0
OTHER ASPECTS OF YOUR EXPERIENCE						
16.	Opportunities to share ideas about improving the services provided. Your 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 the workplace	1	2	3	4	0
22.	Relationship with co-workers	1	2	3	4	0
23.	Relationship with your supervisor's supervisor	1	2	3	4	0
24.	Attitude of consumers & families toward our agency	1	2	3	4	0
25.	The opportunity to do what you 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 co-workers 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 the agency? (Mark up to 3 choices)

- a. Nothing
- b. Benefits
- c. Co-workers
- d. Supervisors
- e. People receiving services
- f. The mission statement and guiding principals
- g. The responsibilities I have for my job
- h. Opportunity for personal or professional growth
- i. Location
- j. Work atmosphere
- k. Training & 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 agency have done differently to help you in your job? (Mark up to three choices)

- a. Nothing
- b. My supervisor could have been more supportive
- c. Improve training & support for supervisors
- d. Increase wages
- e. Improve access to paid time off
- f. Improve access to benefits (health, retirement)
- g. Clarify and communicate agency mission
- h. Empower me to participate in decisions that affect my work
- i. Provide more or better training
- j. Reduce conflict between co-workers/improve team building
- k. Improve supervisor/employee relations
- l. Address low morale of workforce
- m. Improve scheduling policies and practices
- n. Improve communication between central office and area programs
- o. Improve communication between supervisors and other staff
- p. Improve recognition and feedback
- q. Improve orientation for new employees

- \_\_\_\_\_ r. Increase opportunities for advancement
- \_\_\_\_\_ s. Reduce turnover
- \_\_\_\_\_ t. Other (specify)

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

- \_\_\_\_\_ a. Low wages or benefits
- \_\_\_\_\_ b. Conflicts with co-workers
- \_\_\_\_\_ c. Not enough hours/Schedule
- \_\_\_\_\_ d. Job is too stressful, difficult or demanding
- \_\_\_\_\_ e. The agency's focus 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 with supervisor
- \_\_\_\_\_ k. Favoritism, lack of fairness
- \_\_\_\_\_ l. Lack of staff
- \_\_\_\_\_ m. Too much criticism/Lack of support
- \_\_\_\_\_ n. Challenges with people receiving services
- \_\_\_\_\_ o. Poor Training
- \_\_\_\_\_ p. Other (specify)

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

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

ADDITIONAL COMMENTS:

{Based on a survey developed by Sheryl Larson, at the Research and Training Center on Community Living at the University of Minnesota in collaboration with Lutheran Social Service of Minnesota. It is used here with permission.}

## Guidelines for Completion of Exit Survey

- The Central Office will send the Exit Survey to staff upon acknowledge of termination, with a stamped envelope addressed to the Director of Program Development, as follows:

NorthStar Services  
Exit Survey  
3020 18<sup>th</sup> Street, Suite 19  
Columbus, NE 68601

- Central Office staff will review surveys
- Central Office staff will tabulate results
- Central Office staff will share results with area program

7/05; 7/07