

### New Staff Survey

Staff Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Staff Title: \_\_\_\_\_ Site Name: \_\_\_\_\_

Date: \_\_\_\_\_ Site Number: \_\_\_\_\_

1. Is this your first job working with people with disabilities? (mark one)

- \_\_\_\_\_ 0. No
- \_\_\_\_\_ 1. Yes

2. Have your job responsibilities and working conditions turned out to be what you expected when you took this job? (Mark one)

- \_\_\_\_\_ 1. Definitely no
- \_\_\_\_\_ 2. Somewhat no
- \_\_\_\_\_ 3. Neither yes or no
- \_\_\_\_\_ 4. Somewhat yes
- \_\_\_\_\_ 5. Definitely yes

3. Overall does this job meet your original expectations? (mark one)

- \_\_\_\_\_ 1. Definitely no
- \_\_\_\_\_ 2. Somewhat no
- \_\_\_\_\_ 3. Neither yes or no
- \_\_\_\_\_ 4. Somewhat yes
- \_\_\_\_\_ 5. Definitely yes

4. Have you seen a copy of your job description? (mark one)

- \_\_\_\_\_ 0. No
- \_\_\_\_\_ 1. Yes

**How closely have your experiences during your first 30 days at this site matched the expectations you had before you were hired in the following areas?**

Item	Job Feature	1				5
		Did not match my expectations at all				Completely matched my expectations
5	The agency's mission and service goals	1	2	3	4	5
6	Your pay and benefits	1	2	3	4	5
7	Your schedule	1	2	3	4	5
8	The working conditions	1	2	3	4	5
9	The types of tasks you do	1	2	3	4	5
10	The needs and characteristics of the people supported at this site	1	2	3	4	5
11	The training you received	1	2	3	4	5
12	Acceptance and welcome from other direct support staff	1	2	3	4	5
13	Help and support from other direct support staff	1	2	3	4	5
14	How well staff at this site work together as a team	1	2	3	4	5
15	Availability of support from my supervisor	1	2	3	4	5

16. What do you wish you had known about this job before you were hired?