Orientation Supervisor Survey

# Welcome Week Survey *(After the first week orientation)*

Our goal is to make a positive impact on new staff during their first days with Deschutes County Health Services. Now that you have had a new employee go through the process, we would like your feedback from the supervisor perspective. We will use this information to improve our orientation processes moving forward.

*Please let us know your opinion about the following elements of orientation by checking the box that most closely matches your opinion.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Far too much** | **Slightly too much** | **Appropriate** | **Slightly too little** | **Far too little** |
| 1. *Amount of detail provided to you as the direct supervisor*
 |  |  |  |  |  |
| 1. *Amount of detail provided to new staff members*
 |  |  |  |  |  |
| 1. *Length of orientation*
 |  |  |  |  |  |

*Please rate your satisfaction with of the following elements of orientation by checking the box that most closely matches your opinion.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very Satisfied** | **Satisfied** | **Neutral** | **Dissatisfied** | **Very Dissatisfied** |
| 1. *Information/ support provided* ***prior*** *to Welcome Week*
 |  |  |  |  |  |
| 1. *Information/ support and communication provided* ***during*** *Welcome Week*
 |  |  |  |  |  |
| 1. *Welcome Week Schedule*
 |  |  |  |  |  |
| 1. *Training content provided in Welcome Week*
 |  |  |  |  |  |
| 1. *Instructions provided to you about supervisor responsibilities during Welcome Week*
 |  |  |  |  |  |
| 1. *Supervisor Checklist*
 |  |  |  |  |  |
| 1. *Overall orientation experience*
 |  |  |  |  |  |

1. *What part of orientation did you find most helpful to the new employees?*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *What recommendations do you have that would improve the Welcome Week process for the direct supervisors?*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *Did you have a clear understanding of your role and responsibilities throughout Welcome Week? Were you able to complete everything on the Supervisors Checklist for day 1 and week 1?*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *Please state anything you think we should consider changing or adding to the orientation process that would add positively to the future direct supervisors and/or new hires experience.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_