

**SAMPLE ORGANIZATION
2009 Annual Staff Survey**

It's that time again! Your views are important and will help us as we all strive to continually improve our agency.

We are using the same system as in previous years. Please complete this questionnaire, seal it in an envelope and give it to the designated response coordinator for your service - who will pass it directly along to Ms. Member for analysis. Your replies will therefore be completely anonymous and confidential.

It is very important that Ms. Member has your responses no later than Friday, June 12.

The questionnaire contains questions about your views on the organization as a whole as well as items about employee satisfaction. If you are unsure, or don't want to answer a particular question, simply leave that item blank.

Your job status: Full-time Part-time Relief

1. In general, how would you rate our agency's overall effectiveness in meeting participant needs?

- | | |
|---|---|
| <input type="checkbox"/> Very effective | <input type="checkbox"/> Not too effective |
| <input type="checkbox"/> Somewhat effective | <input type="checkbox"/> Not at all effective |

2. Please rate each of the following items related to working life at our agency:

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
a. The level of support you receive from your supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The level of support you receive from from your peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The information you receive about agency plans, policies and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The safety of the work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The healthiness of the work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Orientation and training of new employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The adequacy of the training you receive to do your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Opportunities for training and professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. <u>Cont'd</u>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
i. Your remuneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Opportunities for advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The level of teamwork in the agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Lateral communication between services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Vertical communication with management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. This question deals with your views and feelings as a Sample Organization employee. Please indicate your level of agreement or disagreement with each of the following statements:

	<i>Agree Strongly</i>	<i>Agree Somewhat</i>	<i>Disagree Somewhat</i>	<i>Disagree Strongly</i>
a. I am an important part of the agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My opinion is respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My job provides me with a personal sense of accomplishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My job makes good use of my skills and abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have the decision-making authority necessary to do my job effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am able to balance my work life and my personal life to my satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Agency policies and procedures are administered fairly to all employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I receive regular feedback on my job performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My performance reviews have helped me improve my job performance....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Job promotions in this agency are fair and objective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I have a clear understanding of my role in the agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | | <i>Agree
Strongly</i> | <i>Agree
Somewhat</i> | <i>Disagree
Somewhat</i> | <i>Disagree
Strongly</i> |
|----|--|---------------------------|---------------------------|------------------------------|------------------------------|
| l. | I feel comfortable in raising issues and concerns with my supervisor..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. | I would not hesitate to report any observed errors or serious incidents... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Sample Organization is about to commence a new strategic planning cycle. How effective have we been in the following priority areas that were identified in our last strategic plan?

- | | | <i>Very
Effective</i> | <i>Somewhat
Effective</i> | <i>Not too
Effective</i> | <i>Not at all
Effective</i> |
|----|-----------------------------------|---------------------------|-------------------------------|------------------------------|---------------------------------|
| a. | Developing new programs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Developing the organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Providing leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Raising the agency profile | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | Ensuring adequate resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Are there any other priorities that we should be considering?

- Yes -----> 5a. Please specify:
 No

6. Please indicate one strength, weakness, opportunity and threat facing the agency:

Strength:	
Weakness:	
Opportunity:	
Threat:	

6. Feel free to make any other comments or suggestions:
