

Employee Satisfaction Survey

Individual's Name: _____ CID# _____

Address: _____
 Street Address *City* *State* *Zip Code*

1. Do you enjoy your job?

☐ Agree ☐ Undecided ☐ Disagree

2. My work makes me feel good about myself.

☐ Agree ☐ Undecided ☐ Disagree

3. I have the supports necessary to do my job.

☐ Agree ☐ Undecided ☐ Disagree

4. I have the accommodations needed to do my job.

☐ Agree ☐ Undecided ☐ Disagree

5. My job makes good use of my skills and abilities.

☐ Agree ☐ Undecided ☐ Disagree

6. When a problem comes up at work, I know who to ask.

☐ Agree ☐ Undecided ☐ Disagree

7. In my job I have the opportunity for advancement.

☐ Agree ☐ Undecided ☐ Disagree

8. I understand my job duties.

☐ Agree ☐ Undecided ☐ Disagree

9. I feel appreciated on my job.

☐ Agree ☐ Undecided ☐ Disagree

Select **“YES”** or **“NO”** in response to the statements below:

☐ YES ☐ NO Do you have regular transportation problems? _____

☐ YES ☐ NO Do you have difficulty getting to work on time? _____

☐ YES ☐ NO Do you get along with your supervisor and co-workers? _____

☐ YES ☐ NO Do you get upset when your supervisor or co-workers give you instructions and/or corrections? _____

☐ YES ☐ NO Do you worry that you might lose your job? _____

Additional comments:

☐ YES ☐ NO The EC has verified that the responses on this form are the individual's.

EC Name: _____ Date: _____