

Employee Satisfaction Survey

Individual's Name: _____ Date: _____

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?

Describe steps taken to address any concerns identified by the employee:

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

EC Name: _____ Date: _____