Orientation Survey

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

Our goal is to make a positive impact on you during your first days with Deschutes County Health Services. Now that you have completed the two-week orientation, we would like feedback on your experience. 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* |  |  |  |  |  |
| 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. *facilitator(s)/ presenter(s)* |  |  |  |  |  |
| 1. *Information/ support provided by the ambassador* |  |  |  |  |  |
| 1. *Usefulness of the handouts* |  |  |  |  |  |
| 1. *Health services-specific information* |  |  |  |  |  |
| 1. *Job/ position-specific information* |  |  |  |  |  |
| 1. *Information on DCHS culture* |  |  |  |  |  |
| 1. *Information regarding county & DCHS policies* |  |  |  |  |  |
| 1. *Information regarding employee benefits* |  |  |  |  |  |
| 1. *Overall orientation experience* |  |  |  |  |  |

1. *What part of orientation did you find most helpful as a new employee?*

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1. *What recommendations do you have that would improve the new hire process?*

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1. *What would you like more help with from your manager?*

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

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

Onboarding Survey

# 2 & 6-month *(After second and sixth months on the job)*

Our goal is to make a positive impact on you during onboarding with Deschutes County Health Services. Now that you have been here for a while, we would like feedback on your experience. We will use this information to improve our onboarding processes moving forward.

Program/Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please rate the helpfulness of the following elements of onboarding by checking the box that most closely matches your opinion.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very Satisfied** | **Satisfied** | **Neutral** | **Dissatisfied** | **Very Dissatisfied** |
| 1. *Understanding of job duties and responsibilities* |  |  |  |  |  |
| 1. *Clear communication of expectations* |  |  |  |  |  |
| 1. *Position & duties are comparable to job/ position description* |  |  |  |  |  |
| 1. *Opportunities for professional development* |  |  |  |  |  |
| 1. *Understanding of individual goals, core competencies, and ability to develop an individual professional development plan* |  |  |  |  |  |
| 1. *Ongoing feedback and support from supervisor/manager* |  |  |  |  |  |
| 1. *Clear communication from supervisor/manager* |  |  |  |  |  |
| 1. *Information on DCHS culture* |  |  |  |  |  |
| 1. *Knowledge of DCHS programs and services* |  |  |  |  |  |
| 1. *Overall onboarding experience* |  |  |  |  |  |

1. *What part of onboarding did you find most helpful as a new employee?*

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1. *What recommendations do you have that would improve the new hire process?*

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

1. *What would you like more help with from your manager regarding work and/or professional development?*

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