Employee Satisfaction Survey

Date: ____________________________    Employer: ____________________________
Name: ____________________________    Phone Number: _________________________
Email: ____________________________

As part of our continuous effort to improve the delivery of our services to you, we ask that you take a few minutes to complete this survey.

1. Overall, how would you rate this Rapid Response Informational Session?
   
   Excellent    Good    Disappointing    Poor

2. Please rate the presentation:
   
   a. Was it organized?    Very organized    Organized    Disorganized
   b. Was it clear?    Very clear    Clear    Unclear

3. Please rate the content:
   
   a. Was it useful?    Very useful    Useful    Not useful
   b. Will it help you with your next steps?    Very helpful    Helpful    Not helpful

4. The amount of information and material covered seemed to be:
   
   Too much    Just right    Too little

5. Were the presenters clear in the information that was being discussed?
   
   Very clear    Clear    Not clear

Comments and/or suggestions for future sessions:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Thank you!