



**Employee:**

Please fill out the information requested below. *After completing, schedule a time to meet with your supervisor. Bring this form with you.*

Name: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_  
Street City State/Zip

New School District: \_\_\_\_\_

<b>Please rate your experience with the district</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Working relationship with your supervisor				
Cooperation within department				
Cooperation with other departments				
Adequacy of orientation and training				
Workload				
Availability of materials and equipment				
Evaluation procedures				
Recognition on the job				
Employee benefits				
Communication within the district				
Central administration support				
Community/parent support				
Overall experience				

Additional comments: \_\_\_\_\_

What did you like about your experience as a district employee? \_\_\_\_\_

What did you dislike about your experience as a district employee? \_\_\_\_\_

Do you have any comments or suggestions to improve the district? \_\_\_\_\_

Would you recommend the district to others as a place to work? \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date