



Personnel Questionnaire

Please return to: COA, 120 Wall Street, 11th Fl., New York, NY 10005

Agency ID#

Date:
m m / d d / y y

Agency Name:

Program Name:

City: State:

Instructions: Please answer each question by marking the circle under or next to your response. Use only black or blue pen.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT SURE/ NOT APPLICABLE
1. My job responsibilities are clearly outlined in my job description.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I received an orientation within the first three months of beginning work with the agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have an up-to-date copy of or can access the personnel handbook.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am aware of the agency's grievance procedures and know how to make a complaint.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am notified when positions that I may be qualified for become available within the agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I can access my personnel record.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I receive annual performance evaluations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I receive regular supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. At least annually, employee satisfaction is assessed by the agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The agency implements changes based on the feedback received from personnel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I participate in quality improvement activities within the agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I receive information on program outcomes that is useful to me in working with persons served.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I have participated in on-the-job activities that enhance my knowledge and skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Case records of persons that I serve are readily available or accessible to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I participate with others at my agency in quarterly review of my clients' progress toward achieving their goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I am aware of the agency's policies regarding (check all that apply): <input type="radio"/> 1. Harassment <input type="radio"/> 2. Discrimination prohibition <input type="radio"/> 3. Prohibition of corporal and degrading punishment of consumers <input type="radio"/> 4. Confidentiality						

17. Please use the space below to provide comments that you wish to call to the attention of COA peer reviewers

18. Please tell us your relationship to the agency:
 Full-time employee Part-time employee Volunteer Student intern Other: _____

19. How long have you been employed by the agency?
 Less than a year 1 to 3 years 3 to 5 years More than five years

Thank you for taking time to complete the survey.

I would like to speak with a member of the Council on Accreditation (COA) peer review team at the time of the site visit. However, I understand that they may not contact me if evidence presented during the site visit does not require additional input.

Name: _____ Phone: _____ Ext: _____ Best time to call: _____

Title _____ E-mail address: _____