**Induction Employees –Evaluation**

Our Service encourages employees to be involved in consultative or decision making roles. We value your ideas and suggestions, and the information you provide below will help improve our induction practices. We respect your privacy. The information will be treated in confidence and used without any reference to your name or specific comments.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Overall how would you rate our enrolment and orientation process? (Please circle one)

Very Satisfied Satisfied Neither satisfied or dissatisfied Dissatisfied Very Dissatisfied

|  |  |  |
| --- | --- | --- |
| Yes  | No | Did you receive sufficient advice about workplace policies, procedures and practices eg annual leave, sick leave, complaints, dress code, social media, core values, interactions with parents, rostering, service philosophy? |
| Yes  | No | Were you initial introductions to staff and the service beneficial eg met everyone, informed of their roles and relevant qualifications (eg first aid), informed of the location for all resources and equipment, shown how to use essential equipment? |
| Yes  | No | Were you introduced to families in an organised, systematic way? |
| Yes  | No | Did our induction process allow you to become familiar with all service policies and procedures? |
| Yes  | No | Were you given opportunities to ask questions about policies, procedures, service rules etc? |
| Yes  | No | Did the person you report to (eg Room/Group Leader) provide enough coaching and support to help you meet expectations and requirements eg service policies, procedures, room/service routines, teaching practices?  |
| Yes  | No | Did you feel like a valued member of the team after starting work? |
| Yes  | No | Was enough information provided about the specific interests, strengths or needs of children in your room including medical management plans and risk minimisation plans and location, behaviour plans, medication needs, routines? |
| Yes  | No | Did you feel you could confidently respond in an emergency after advice about our emergency response procedures, and location and use of emergency equipment (eg fire extinguisher)? |
| Yes  | No | Were your training needs adequately identified and a training plan completed? |

If you would like to comment further on your induction process including any extra feedback about what we do well or what we could improve please do so below.

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