

Team-Member Satisfaction Survey



DATE:

NAME:

POSITION/ROLE:

LONGEVITY:

Do you enjoy your current role within the practice?

If no, what elements would you change?

Do you feel well supported by your team-members?

Do you have any concerns about the manner with which the team operates?

Do you feel comfortable with developing your relationship with clients?

If you had a concern about working in your current environment, when would you speak up?

Do you receive acknowledgement and praise from your co-workers and superiors?

Have you ever made a mistake? If yes, describe what happened and how the team reacted.

Are you interested in furthering your training within your current role?

Are you interested in changing roles in the future? If yes, what role would you change to?

What area/s are a source of negative feelings for you?

What area/s are a source of positive feelings for you?

What is the ideal method to train you? That is, how can I approach you to modify an action in a way that brings out the best in you?

Thank you for your feedback.