

·STATE OF DELAWARE·

EMPLOYMENT NETWORK EXIT SURVEY

	CANDI	DATE DE	TAILS
Name:			Date:
Phone:		Email:	•
Hiring Mana	ger/Supervisor Name:		
Contact Pho	one:	Contact E	mail:
	eartment/Division:		
Assignment	Dates:		
	EMPLOYMENT	NETWOF	RK EXIT SURVEY
Instruction	s: Complete this survey within se	even days	of completing the program.
This eval	uation is important in determining	the value	of the program experience, both for you
		•	de both challenges and successes.
	SURVE	Y QUES	TIONS
1. Did you r	eceive adequate information a	bout you	Assignment, prior to starting?
2. Did you r	receive a proper orientation?		
3. How was	the experience related to you	r major fie	eld or career goals?
4 How boo	this agains mant a patributed t		ofessional development?
4. now nas	this assignment contributed to	o your pro	oressional development?
5 To what	degree do you feel the other er	mnlovees	in the department supported the
Program	<u> </u>	iipioyees	in the department supported the
Program	f .		
	SUPERVIS	OR EXP	ERIENCE
7. How woເ	ıld you rate your relationship v		
	Exceeded Expectations		Met Expectations
	Neutral		Did not meet Expectations
0. Цомумог	uld vou evaluate vour eupervie	or'o ovoile	ability, capability and willingness to
	ng your questions and/or cond		ibility, capability and willinghess to
	Exceeded Expectations		Met Expectations
	Neutral		Did not meet Expectations

0. Did your assigned supervisor provide learning opportunities?					
FINAL THOUGHTS					
erall R	ating?				
	Exceeded Expectations		Met Expectations		
	Neutral		Did not meet Expectations		
	ward completed surveys to:				