

UNITED CEREBRAL PALSY ASSOCIATION OF MIAMI, INC.

DEPARTING/ FINAL WORDS

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**A. ORIENTATION OF COMPANY/ORGANIZATION:**

1. Were the Personnel Policies and benefits adequately explained to you?

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2. Were the conditions of employment, salary, promotions, transfers, etc. adequately explained to you?

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3. Were the duties and responsibilities of your job thoroughly explained to you?

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4. Did you receive adequate training to perform your job? Could it have been improved?

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**B. TELL ME ABOUT YOUR SUPERVISOR:**

1. Describe the type of communication you had with your supervisor?

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2. Were you able to obtain information, or make suggestions, to your supervisor? Yes \_\_\_\_ No \_\_\_\_

3. Any suggestions of how your supervisor could have improved?

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**C. EMPLOYEE RELATIONS:**

**1. When you accepted the position at UCP, were your expectations met?**

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**2. What did you like most about your job?**

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**3. What did you like least about your job?**

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**4. Do you feel that our employee relations and working conditions can be improved?**

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**5. Would you consider working for UCP again?**

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**6. Have you been offered, or accepted, other employment?**

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**7. Tell me in order of priorities, the reasons you left UCP.**

1. _____	2. _____
3. _____	4. _____

**ANY ADDITIONAL COMMENTS?**

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