####  DSP Follow-Along Form

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**Employee Name:**

**Home email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position:** Direct Support Professional (DSP)

**Provider Agency:** **Supervisor:**

**Hire Date:**

This is a confidential feedback process designed to provide an opportunity for discussion on your employment experience. Your feedback concerning employment is of great importance to us. The responses you provide will enable us to support Licking County provider agencies’ employment programs.



1.) What are your employment goals?

2.) What do you like most about your position?

3.) What else is working well for you?

1. Training?
2. Access/Support from Supervisor?
3. Working with People with Developmental Disabilities?
4. Work Schedule?
5. Your Attendance?
6. Relationship with your Co-Workers?

4.) What do you like least about your position?

5.) Is there any other area of your position that you feel needs improvement?

1. Training?
2. Access/Support from Supervisor?
3. Working with People with Developmental Disabilities?
4. Work Schedule?
5. Your Attendance?
6. Relationship with your Co-Workers?

6.) How would you rate the morale among employees in your agency?

 □ excellent □ good □ fair □ poor

Please explain: \_

7.) Are there any situations of which you are aware where there are or have been ethical violations or lack of compliance?

8.) Are there any comments or suggestions that you can offer which might help us improve the way the agency operates?

9.) Please rate the following benefits:

 Excellent Good Fair Poor

Rate of pay □ □ □ □

Paid holidays □ □ □ □

Health Insurance □ □ □ □

Dental Insurance □ □ □ □

Sick leave □ □ □ □

Vacation leave □ □ □ □

**Interviewer’s Comments:**

 **Interviewer’s Signature** **Date**