

## How Was Your First Week?

New Employee: \_\_\_\_\_ Hire Date: \_\_\_\_\_

*Please return this form to Human Resources.*

### Evaluation of Training and Orientation

Please rate the following and provide comment below each question.

	Poor	Fair	Good	Very Good	N/A
How was the structure/organization of your first day?	[ ]	[ ]	[ ]	[ ]	
Please rate the helpfulness of HR staff	[ ]	[ ]	[ ]	[ ]	
Thoroughness of New Hire Orientation	[ ]	[ ]	[ ]	[ ]	
Thoroughness of Benefits Orientation	[ ]	[ ]	[ ]	[ ]	
Helpfulness / friendliness of peers / coworkers	[ ]	[ ]	[ ]	[ ]	
Quality of Supervisor Training	[ ]	[ ]	[ ]	[ ]	
Overall impression of first week training & orientation	[ ]	[ ]	[ ]	[ ]	

What went well during your first week?

What did not go well during your first week?

Do you have any suggestions for us?

Do you have any questions on college policies or benefits? No [ ] Yes [ ]