

# WALTON COMMUNITY SERVICES QUALITY- STAFF SURVEY

( You may fill in this information if you choose, not necessary)

Name:

Age:

Gender:

For each item identified below, circle the number  
to the right that best fits your judgment of its quality.  
Use the scale above to select the quality number.

<b>Description/Identification of Survey Item</b>	<b>Scale</b>				
	<b>P o o r</b>	<b>Good</b>			<b>E x c e l l e n t</b>
1. The atmosphere of Walton Community Service is warm and refreshing	1	2	3	4	5
2. You receive advance notifications of credentials due ( CPR, Physical, etc.)	1	2	3	4	5
3. Staff from the office treats you with dignity and respect when talking with you	1	2	3	4	5
4. You receive timely notification of In-services and required trainings.	1	2	3	4	5
5. The members show you respect when you work in their homes	1	2	3	4	5
6. You are able to understand the members needs in which your provide services to in the home	1	2	3	4	5
7. You would recommend services from this company to someone else	1	2	3	4	5
8. The office staff treated you in a professional manner when you were called or when you called the office	1	2	3	4	5
9. The Case Manager responds to your needs	1	2	3	4	5
10. When you call the on-c all service (after hours) your call is returned within 30 mins.	1	2	3	4	5
11. This company allows flexibility in your scheduling	1	2	3	4	5
12. Quality of your services Overall through the company	1	2	3	4	5
13. If you left a message in the office your called was returned within time allotted per voice mail	1	2	3	4	5
14. You attend In-services as prompted	1	2	3	4	5
15. What would you recommend as an company improvement:					

Please mail in ( stamped self addressed envelope provided) or return back to office as soon as possible.  
Dw04.01.09