



# NON INSTRUCTIONAL EXIT REVIEW

In order to improve our Lake Wales Charter Schools' policies, we are asking you to answer the following questions. To assure confidentiality, you may seal your completed Exit Review and place it in a sealed envelope or place it in the postal mail. Thank you for your assistance and good luck in the future.

1. Please mark "X" for the response in each item which best indicates how you feel about the listed work areas at the department. (This question relates to general conditions of the job from which you resigned.)

	Very Satisfied	Satisfied	Neutral	Dis- Satisfied	Very Dis- Satisfied
a. Physical working conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Type of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Volume of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Agency procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Relationship with fellow employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Relationship with supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Challenge of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The importance of your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The responsibilities of your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Personal development (training etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Accomplishments of your work unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Pay received for work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Opportunities for advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Overall working for the agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you are accepting employment elsewhere, what advantages do you feel your new employer offers that you have not found here? (If you choose more than one, please rank in priority order: 1,2, etc.)

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|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | a. Better working conditions                | <input type="checkbox"/> | g. Better relationship with supervisor |
| <input type="checkbox"/> | b. More challenging position                | <input type="checkbox"/> | h. More work                           |
| <input type="checkbox"/> | c. More job security                        | <input type="checkbox"/> | i. Less work                           |
| <input type="checkbox"/> | d. Better chance for advancement            | <input type="checkbox"/> | j. More hours                          |
| <input type="checkbox"/> | e. Higher salary                            | <input type="checkbox"/> | k. Less hours                          |
| <input type="checkbox"/> | f. Better relationship with other employees | <input type="checkbox"/> | l. Other (specify) _____               |

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3. Have you accepted another job in the educational field?  Yes  No

4. What influenced you to leave this department? (Please use additional paper if needed.)

5. Please mark "X" in the space below that best indicates your feelings about the supervision you received while employed with this department.

	Very Satisfied	Satisfied	Neutral	Dis-Satisfied	Very Dis-Satisfied
a. Utilization of your abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Amount of assistance received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Effectiveness of assistance received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Interest taken in your progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Recognition of ideas and accomplishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Relationship with fellow employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fair and impartial treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please comment on what you feel could be done to help make this department a better place to work. (Please use additional paper if needed.)

7. Was your separation from the department voluntary or involuntary?  Voluntary  Involuntary

OPTIONAL INFORMATION:

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NAME

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SCHOOL/ OFFICE LOCATION

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