Sample Dispensing Site Staff Evaluation

Please answer the following questions. Your feedback is important to us and will assist us in planning future clinics. Thank you.

ROLE HELD DURING CLINIC (please circle)		
Usher	Registration Clerk	Usher/Registration Supervisor
Forms Reviewer	Express Dispenser	Level 1 &2 Dispensers

1) Do you feel you received adequate training to perform the duties listed on your Job Action Sheet? **Yes** **No**

If no, what aspect of the training was inadequate or missing?

If yes, what was particularly helpful?

2) Were you provided the tools/forms needed to perform your job?
Yes **No**
Comments:

3) Was the Chain of Command explained well enough so that you could identify your immediate supervisor?
Yes **No**
Comments:

4) Was your immediate supervisor available to you for questions or support?
Yes **No**
Comments:

5) Do you have suggestions to improve client flow? If so, please describe.

6) Please list two or three of the questions you were most frequently asked by clients: