**New Joinee Induction Feedback Form**

**Your feedback is essential to improve the induction experience for future employees.**

**Employee Details**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Joining: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Induction Session Feedback**

| **Aspect of Induction** | **Excellent** | **Good** | **Average** | **Poor** |
| --- | --- | --- | --- | --- |
| **Orientation Program Content** |  |  |  |  |
| **Team Introduction** |  |  |  |  |
| **Role-Specific Training** |  |  |  |  |
| **Facilities and Resources** |  |  |  |  |

**Suggestions for Improvement**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**