

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: _____