

**FRANK HORTON ASSOCIATES, LLC**  
**SUPERVISOR SATISFACTION SURVEY FOR EMPLOYEE REFERRALS**

*Please circle the number for each item that best describes your response to the question. Your answers to these questions will help us improve our services. Your responses are **confidential**. Thank you for your help.*

*Company Name (if desired):* \_\_\_\_\_

*FHA Staff Contact (if desired):* \_\_\_\_\_

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Unsure</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
My initial call was responded to in a prompt and courteous manner.	5	4	3	2	1	N/A
FHA staff was knowledgeable and helpful.	5	4	3	2	1	N/A
FHA staff explained the supervisory EAP referral process succinctly and in an easy-to-understand manner.	5	4	3	2	1	N/A
I have seen improvements in my employee's work performance since referring him/her to the EAP.	5	4	3	2	1	N/A
I was able to have my employee sign a release of information before they attended the first EAP session.	5	4	3	2	1	N/A
I received timely updates about my employee's progress (if a release of information was signed).	5	4	3	2	1	N/A
I would recommend the EAP to other supervisors.	5	4	3	2	1	N/A
I was impressed with the EAP program overall.	5	4	3	2	1	N/A

*Can you think of any ways the Employee Assistance Program could improve the quality of the services provided to you and your organization?*

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