

COMPETITIVE DEVELOPMENT GROUP (CDG) OPPORTUNITIES SUPERVISOR'S EXIT SURVEY

So we may continue to offer quality education, training and experience opportunities please complete this evaluation of the developmental assignment. Please be candid.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

SUPERVISOR'S NAME: _____

CDG MEMBER NAME: _____

ORGANIZATION: _____

DAYTIME PHONE: DSN _____ COMMERCIAL _____

EMAIL: _____

START DATE: _____ END DATE: _____

1. What did you expect the CDG member to accomplish in your organization?

2. Did the CDG member accomplish the above expectations?

3. Do you think this assignment enhanced the CDG member's professional development?

a) If YES, why?

b) If NO, why?

4. Do you have additional developmental assignments in your organization that will strengthen the professional development of the CDG member?

5. How well did the CDG member meet the needs of the organization?

Very well

Somewhat

Not at All

6. Would you recommend this CDG member to other organizations?

a) If YES, why?

b) If NO, why?

7. Would you offer this developmental assignment and/or others again in the future?

a) If YES, why?

b) If NO, why?

Please provide any additional comments below:

This exit survey should be returned to the respective Regional Director *within 30 days* of the departure of the CDG member from the developmental assignment.

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