



Assignment Satisfaction Survey

Freedom Healthcare Staffing

The Healthcare Professional referenced below has recently completed an assignment with your facility. Freedom Healthcare Staffing would like your feedback to assess your satisfaction with our professional employees. We will keep this information confidential and use this information to improve our services to our valuable hospital clients. Thank you for your business and time to complete the following survey:

Name of Healthcare Professional:

Facility Name:

Dates worked from: _____ **to** _____

Position worked:

The following information is to be completed by person completing the satisfaction survey. (If you checked "No" or "Below Avg. Competency", please explain)

Please rate the following competency as performed by the Healthcare Professional:

	Above Avg. Competency	Avg. Competency	Below Avg. Competency
Professional judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance and punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer service skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would this Healthcare Professional be eligible for future assignments within your facility? Yes No

Additional comments? _____

Completed by:

Name/Title/Phone No. : _____

Facility Name: _____

Signature: _____

Please return this form by fax or mail to:

Freedom Healthcare Staffing

3025 S. Parker Rd., Suite 800

Aurora, CO 80014

Or fax to: 866-463-0387

Please call with any questions: 866-463-0385