Partnership Survey

Date:	/	/	Chinle Service Unit D)ivision	of Public H	lealt

Thank you for participating in our Division of Public Health program. We value your partnership, your opinions and strive to provide excellent services and professional technical assistance. Please take a moment to let us know how we are doing by completing this survey. Thank you for your comments.

For each statement below circle the numbers 1-5 based on this scale:												
	1 2	3	4	5								
				0 0 7								
	Poor Fair	Average	Good Exc	ellent								
1.	Rate your experience partnering with				ing ca	atego		s? 5				
	a) Met Program Goal(s)b) Sustainability (Program building, impr				_	3	4					
	c) Constant and Active Involvement/Sup				3		5					
	d) Follow-up					3	4	5				
						3	4					
	f) Clear and Consistent Communication		1	2	3	4	5					
	•					3	4	5				
2.	How long did it take for our department to res ☐ Same day ☐ 2-3 days		and/or concerns? ☐ 1 week		2 we	eeks						
3.	How often does our department arrive prepare	ed and on time?										
	☐ Always ☐ Usually	☐ Sometimes	☐ Rarely		Nev	er						
4.	How likely is your department to willingly part	ner with our department again?										
	☐ Extremely likely ☐ Very likel	y 🗖 Likely	☐ Not very likely		Unli	kely						
5.	How often does	ow often does provide train										
	☐ Monthly	☐ Every 2 months	☐ 3 to 5 months									
	\square 6 to 12 months	☐ Yearly										
6.	How long have you had a partnership with our	department?										
☐ Less than 3 months		☐ 3 to 6 months	☐ 6 to 12 months									
	☐ 1 to 5 years	☐ More than 5 years										
7.	How often does our department staff collaboration	ate with your program?										
	☐ Once or twice a week	☐ Once or twice a month	☐ Quarterly									
	☐ Every year	□ Never										
8.	Please list any barriers, concerns, challenges an	nd/or suggestions for improvemer	ts					_				
9.	Additional Comments:							_				
Plea	ase indicate your Organization or Department n	ame:										

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