

ES Advisor Service Survey

(Please mail to: CWCS 12420 Bentley Street, Waterford CA, 95386- or fax 209-874-9531)

ADVISOR NAME: _____ **DATE:** _____

Performance Code:

1-never 2-seldom 3-sometimes 4-usually 5-always NA – Not Applicable

COMMUNICATION

Answers e-mails within 24 hours (weekends and holidays excl.)	1	2	3	4	5	NA
Answers phone calls within 24 hours (weekends and holidays excl.)	1	2	3	4	5	NA
Is easily accessible	1	2	3	4	5	NA
Communicates in supportive, encouraging manner	1	2	3	4	5	NA
When doesn't know answer, gets answer or directs ES to another source	1	2	3	4	5	NA
Provides appropriate feedback about ES job performance	1	2	3	4	5	NA

ADVISING ABILITIES

Provides counsel and advice when needed on the following:

Curriculum	1	2	3	4	5	NA
High school issues/credits	1	2	3	4	5	NA
Portfolios	1	2	3	4	5	NA
Report cards	1	2	3	4	5	NA
Learning records	1	2	3	4	5	NA
Professional growth	1	2	3	4	5	NA
Desired student count	1	2	3	4	5	NA
Mediation between ESs	1	2	3	4	5	NA
Setting ES job priorities	1	2	3	4	5	NA
Other: please specify _____	1	2	3	4	5	NA
Other: please specify _____	1	2	3	4	5	NA
Other: please specify _____	1	2	3	4	5	NA
Other: please specify _____	1	2	3	4	5	NA

OVERALL

The support from my advisor is valuable to me in my role as an ES	1	2	3	4	5	NA
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COMMENTS:

Thank you for your response! Your information will be helpful as we seek to provide excellent support to you in your ES job duties. Including your name here is optional. If you do provide your name, it will be kept confidential, but may be used to call for specific information that may be helpful in providing training to ES Advisors.

ES Code: _____ ES Name: _____