BUREAU OF RECLAMATION ORIENTATION CHECKLIST
6-Month Evaluation
(Complete and return to local Human Resources Office)

Name: _____
Entrance on Duty Date: _____
Organizational Unit: _____
Title, Series, Grade: _____

We would like your feedback on your new employee orientation so that we may make this orientation better for others coming into our agency. This 6-month evaluation has allowed you time to reflect on your experiences during orientation and we are asking for your feedback. Thank you!

1. Did orientation provide you with a good understanding of the different programs and activities of Reclamation?

2. Do you believe that, by going through the orientation process and gaining a better understanding of Reclamation, you were able to perform your job better?

3. What three areas of the orientation program did you find most beneficial?

4. On a scale of 1 to 5, with 1 being poor and 5 being excellent, please rate the following:

• Video	1	2	3	4	5
• Orientation Checklist	1	2	3	4	5
• Orientation Notebook	1	2	3	4	5
• Intranet	1	2	3	4	5
• Supervisor/Sponsor	1	2	3	4	5
• Other (please specify) _____	1	2	3	4	5

5. Overall, using the same scale as above, how would you rate the new employee process and experience?

1 2 3 4 5

_____ _____
Employee Signature Date