

**SHARYLAND ISD  
EMPLOYEE EXIT INTERVIEW FORM**

Name \_\_\_\_\_ Dates Employed \_\_\_\_\_ - \_\_\_\_\_  
From To

Job Title \_\_\_\_\_ Campus/Department \_\_\_\_\_

Forwarding Address \_\_\_\_\_  
Street Address

City State Zip  
Phone ( ) \_\_\_\_\_

Check type of termination:

- |   |  |
|---|--|
| <input type="checkbox"/> Dismissal      | <input type="checkbox"/> Retirement          |
| <input type="checkbox"/> Nonrenewal     | <input type="checkbox"/> Reduction in Force  |
| <input type="checkbox"/> Resignation    | <input type="checkbox"/> Extended disability |
| <input type="checkbox"/> with notice    | <input type="checkbox"/> Other               |
| <input type="checkbox"/> without notice | _____  |

Check all reasons for leaving (to be completed for all voluntary resignations):

- |  |  |
|--|--|
| <input type="checkbox"/> Moving from district              | <input type="checkbox"/> Family circumstance |
| <input type="checkbox"/> Returning to school               | <input type="checkbox"/> Took a new position |
| <input type="checkbox"/> Dissatisfied with type<br>of work |  |
| <input type="checkbox"/> Other                             | _____  |

Comments: \_\_\_\_\_

Employee questionnaire (to be completed by the employee): Please rate your experience in Sharyland ISD in regard to the following.



<b>Check the appropriate boxes</b>	Excellent	Good	Fair	Poor
Working relationship with your supervisor				
Cooperation within department				
Cooperation with other departments				
Adequacy of job orientation and training				
Workload				
Physical working conditions				
Availability of materials/equipment				
Evaluation procedures				
Recognition on the job				
Employee benefits				
Communication within the district				
Central administration support				
Community support for district				
Overall experience				

***CONT. EXIT INTERVIEW FORM***

What surprised you most when you came to work here? \_\_\_\_\_  
\_\_\_\_\_

What issues do you see facing this campus? \_\_\_\_\_  
\_\_\_\_\_

If you were the school leader what would you do differently? \_\_\_\_\_  
\_\_\_\_\_

Has SISD been open and aware of your needs? \_\_\_\_\_  
\_\_\_\_\_

Has SISD offered opportunities to help you grow professionally? \_\_\_\_\_  
\_\_\_\_\_

Have you had the tools and support you needed to be successful? \_\_\_\_\_  
\_\_\_\_\_

What did you like best about your job here? \_\_\_\_\_  
\_\_\_\_\_

How could we improve your position to make the next person more comfortable and productive? \_\_\_\_\_  
\_\_\_\_\_

What did you dislike about your responsibilities? \_\_\_\_\_  
\_\_\_\_\_

Describe the school as you see it. What do you think is missing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What will you take from this job and apply to your next position? \_\_\_\_\_  
\_\_\_\_\_

What words of wisdom would you leave for your replacement? \_\_\_\_\_  
\_\_\_\_\_

Would you recommend Sharyland ISD to others as a place to work?  
\_\_\_ Yes                      \_\_\_ Yes, with reservation(s)                      \_\_\_ No

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewed by

\_\_\_\_\_  
Date