**Turnover Impact Survey**

Reflecting on this past school year to the best of your knowledge, approximately how many staff in each category left your school/program.

|  |  |
| --- | --- |
| **Role** | **Number** |
| Lead Teacher |  |
| Assistant Teacher |  |
| Floater/Support Staff |  |
| Coach |  |
| Behavioral Support Staff |  |
| Administrator(s) |  |
| Other (please describe) |  |

To what extent did this turnover impact the ability of staff to perform their role (e.g., the coach providing classroom/child support) during anytime over the last school year?

|  |  |  |
| --- | --- | --- |
| **Level of Impact**  (circle one option below) | | |
| ***No impact***  All staff were able to fulfill their roles with little to no disruption; we rarely had coverage concerns and all staff were able to complete all activities assigned/required | ***Some impact***  Some staff may have had to cover for others due to staff changes (turnover, new staff) or were sometimes unable to complete their assigned activities due to coverage needs and priorities/concerns | ***Significant impact***  Many staff were often asked to complete tasks outside of their role or were often unable to complete all activities/ responsibilities assigned due to coverage needs and priorities |

Briefly describe the impact [n/a if “No impact”]:

|  |
| --- |
|  |

Was there a change in program leadership (e.g., director, center manager, assistant director) during this school year? **If yes, specify what roles.**

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Was there a change in program/site ownership during this school year?

Yes No Not Applicable for our program/site