

## Employer Survey

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Your name: \_\_\_\_\_

Role: \_\_\_\_\_

Email address and contact number: \_\_\_\_\_

\_\_\_\_\_

1. What is the best method to contact you?  
 email     phone     other \_\_\_\_\_

2. How many full-time staff do you employ? \_\_\_\_\_

3. How many part time staff do you employ? \_\_\_\_\_

4. Does your organization have any seasonal job roles? If so, what are they and how many positions are available from time-to-time.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you had high school students work for you in the past?  
 regularly     often     sometimes     rarely

6. Have you had students with accessibility needs work for you? (i.e. mobility, hearing or blind/low vision, ADHD or other mental health, Autism Spectrum Disorder, etc.)  
 yes     no     uncertain

7. Do you have hiring, training, feedback systems in place? If so, please briefly describe.

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8. How do you make sure your practices are inclusive? \_\_\_\_\_

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9. What type of accommodations have you implemented for staff? (Special equipment, modified work space, reduced/flexible hours, access to programs, etc.)

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10. Please list any barriers or difficulties you may have faced when employing students.

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11. What are the **top three employability skills** you see students needing?

- a)
- b)
- c)

**Please bring this completed survey to your employer symposium.**