

Member Return-to-Work (RTW) Feedback Form

To be completed within two weeks of the completion or early discontinuation of your RTW plan.

Purpose:

Your feedback helps us understand what worked well and where we can improve the return-to-work experience for others.

1. Communication, Support & Privacy

Please check all that apply:

- ☐ I received clear information about my return-to-work plan before Day 1.
- ☐ My accommodations (equipment, schedule, workspace) were in place and consistent.
- ☐ My duties and hours matched what was outlined in my plan.
- ☐ I knew who to contact if something wasn't working.
- ☐ My supervisor/principal checked in with me to see how things were going.
- ☐ I felt welcomed and included by coworkers.
- ☐ My privacy was respected.
- ☐ Communication stayed respectful and work-focused.
- ☐ I felt able to work safely and confidently under the plan.

Optional comments:

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2. Overall Experience

What worked well in your return-to-work plan?

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What could be improved for future returns-to-work?

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Rating:

Overall, how would you rate your RTW experience?

1 ☐ Very poor 2 ☐ Fair 3 ☐ Good 4 ☐ Very good 5 ☐ Excellent