**ED Performance Review – Key Stakeholder Survey**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSTRUCTIONS**:

The role of the Executive Director is critical to the success of the \_\_\_Division of Family Practice. As a key and respected stakeholder, the Board of Directors seeks your feedback regarding the work of our Executive Director. We would appreciate if you would complete this survey to help our Division and the Executive Director further strengthen our ability to achieve our goals. Thank you for taking the time to complete the survey.

We are focusing our questions on two specific areas:

* What our ED does well or needs to improve on when building relationships with your organization; and
* How our ED represents the Division in the community.

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| --- | --- | --- | --- | --- | --- | --- |
| **ITEM** | **STRONGLY AGREE** | **AGREE** | **NEUTRAL** | **DISAGREE** | **STRONGLY DISAGREE** | **STRONGLY AGREE** |
| Meets with me on a regular basis, as necessary |  |  |  |  |  |  |
| Invests time to develop our relationship |  |  |  |  |  |  |
| Co-develops genuinely collaborative relationships  |  |  |  |  |  |  |
| Demonstrates solid knowledge of the healthcare and non-profit sectors |  |  |  |  |  |  |
| Demonstrates effective and strategic leadership in interaction with external stakeholders |  |  |  |  |  |  |
| Shares knowledge and information appropriately and in a timely manner |  |  |  |  |  |  |
| Supports an environment that encourages creativity, innovation  |  |  |  |  |  |  |
| Supports an environment that builds trust and promotes consensus |  |  |  |  |  |  |
| Demonstrates caring and respect for others, their perspectives, goals and ways of working. |  |  |  |  |  |  |
| Clearly understands priorities and drives towards results. |  |  |  |  |  |  |
| Represents the Division in a positive manner to stakeholders |  |  |  |  |  |  |
| Inspires confidence in Division as a capable and relevant partner to improve primary health care  |  |  |  |  |  |  |
| Demonstrates the Division’s values [insert Division’s values] |  |  |  |  |  |  |

**Please share your thoughts on the following questions:**

1) How does the Executive Director represent our Division and priorities in the community?

2) What specifically does our Executive Director do to serve and further your relationship with the Division?

 **Additional Comments:**

Please share any comments you may have that support your responses or is additional information that you feel is important. Please remember that this survey is intended to provide constructive feedback in a positive manner.

Thank you for completing this survey. We very much appreciate your responses and comments.