

## Sample Associate Assignment Satisfaction Survey

NAME: \_\_\_\_\_

NAME OF SUPERVISING LAWYER: \_\_\_\_\_

NAME OF ASSIGNING LAWYER: \_\_\_\_\_

[WEEK OF / MONTH]: \_\_\_\_\_

1. How many new assignments did you receive during the [*time period*]?
2. Did you feel that the amount of new work assigned during [*time period*] was reasonable in light of your existing workload?
3. Were instructions regarding the new work assigned clear?
4. Were you clear on where to go/ who to go to with your questions?
5. Was such assistance available if/when needed?
6. Were priorities made clear to you?
7. Were you given an adequate amount of time to complete your assignments?
8. Did you complete assigned tasks within the time given?
9. Did a partner/senior lawyer review your completed work?
10. What was the most enjoyable aspect of the new work assignment(s)?
11. What was the least enjoyable aspect of the new work assignment(s)?
12. What type of work would you like to see in your next assignment(s)?
13. Did you have adequate support staff to assist in your assignments (e.g. secretaries, legal assistants, paralegals)?
14. Do you feel that you were able to manage your time effectively?
15. Comments: \_\_\_\_\_  
\_\_\_\_\_  
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