**Return to Work Program Evaluation**

Please note the following document is a sample. Review carefully and modify this document to meet the needs and requirements of your organization.

Evaluation is critical to identifying the strength and weaknesses in the return to work program. Information obtained supports continuous improvement. As you have been involved in the return to work program and are familiar with the return to work protocol, you are being provided the opportunity to comment on the effectiveness of the program. By answering the questions below, you will provide the company with the information necessary to continually improve upon the return to work program.

General (all employees to fill out)

Circle the answer

|  |  |  |
| --- | --- | --- |
| Do you know where to find the RTW program? | Yes | No |
| Are you familiar with the company procedure for reporting an injury? | Yes | No |
| Do you know where to find the required forms/paperwork? | Yes | No |

Participated in a RTW Program (only fill out this section if you have been injured at work and have participated in the RTW Program)

Circle the answer

|  |  |  |
| --- | --- | --- |
| Did you report the injury before leaving the worksite? | Yes | No |
| Were you provided with a Form 6? | Yes | No |
| Did you sign the functional abilities form? | Yes | No |
| Did you return the Form 8/10 to the employer? | Yes | No |
| Did the employer review the 8/10 form with you? | Yes | No |
| If outlined in the Form 8/10, did you return to your pre-injury position? | Yes | No |
| If noted on the Form 8/10, did the employer offer you modified duties? | Yes | No |
| Did you accept the offer? | Yes | No |
| Was a RTW plan completed? | Yes | No |
| Did you lose time from the workplace? | Yes | No |
| What was the duration of lost time? |  | |
| Have you returned to your pre-injury duties? | Yes | No |
| If you have permanent limitations, have you been accommodated? | Yes | No |
| Was communication maintained with you throughout the RTW process? | Yes | No |
|  | Yes | No |
|  | Yes | No |

General Comments on the RTW Program:

In addition to the evaluation, on an annual basis, management representatives will meet with the OHS committee to review the elements and issues of this program. Recommended changes to the RTW Program obtained through the evaluation and consultation processes will be forwarded to management for consideration and approval. To ensure continuous improvement of this program, management will review recommended changes and incorporate them as deemed appropriate. All responses obtained will be kept confidential.

Signing this form is optional; however, if you would like to be contacted regarding your responses, please provide your name and signature. Please return the form to your manager upon completion.

Name (Print):

Signature:

Date: