

DYCF TELEWORK

Employee Self- Assessment

1. Do you have the ability to organize your job's tasks and responsibilities to work remotely? Yes No
2. Do you have an appropriate telework environment? Yes No
3. Are you comfortable working alone; can you adjust to the relative isolation of teleworking? Yes No
4. Do you have the self-control to work neither too much nor too little, can you set a comfortable and productive pace while teleworking? Yes No
5. Telework employees should have a good understanding of the organization's "culture." Are you knowledgeable about your organization's procedures and policies; do you have well established work, communication, and social patterns at the office? Yes No
6. Are you adaptable to changing routines and environments; have you demonstrated an ability to be flexible about work routines and environments; and are you willing to come into your designated office on a regularly scheduled telework day if your supervisor, co-workers or customers need you there? Yes No
7. Do you have comfort with technology needed to telework and the ability to effectively troubleshoot routine technology issues? Yes No
8. Are you an effective communicator and team player; do you communicate well and regularly with your supervisor and co-workers; are you able to express needs objectively and develop solutions? Yes No
9. Current job performance is a strong indicator of your potential success as a telework employee. Are you successful in your current position; do you know your job well and do you have a track record of good performance? Yes No
10. Successful telework employees develop regular routines and are able to set and meet deadlines. Are you self-motivated, self-disciplined and able to work independently, can you complete projects on time with minimal supervision and feedback; and are you productive when no one is checking on you or watching you work?
 Not Really Sometimes Usually Always
11. Do you have strong organizational and time-management skills; are you results-oriented; will you remain focused on your work while teleworking and not be distracted by television, housework or visiting neighbors; do you manage your time and workload well, solve many of your own problems and find satisfaction in completing tasks on your own; are you comfortable setting priorities and deadlines; and do you keep your sights on results?
 Not Really Sometimes Usually Always



General

1. Workspace is away from noise, distractions, and is devoted to your work needs? Yes No
2. Workspace accommodates workstation, equipment, and related material? Yes No
3. Floors are clear and free from hazards? Yes No
4. File drawers are not top-heavy and do not open into walkways? Yes No
5. Phone lines and electrical cords are secured under a desk or along wall, and away from heat sources? Yes No
6. Temperature, ventilation, and lighting are adequate? Yes No
7. All stairs with four or more steps are equipped with handrails? Yes No
8. Carpets are well secured to the floor and free of frayed or worn seams? Yes No
9. First aid supplies are readily accessible and adequate? Yes No

Fire Safety

10. There is a working smoke detector in the workspace area? Yes No
11. A home multi-use fire extinguisher, which you know how to use, is readily available? Yes No
12. Walkways, aisles, and doorways are unobstructed? Yes No
13. Workspace is kept free of trash, clutter, and flammable liquids? Yes No
14. All radiators and portable heaters are located away from flammable items? Yes No
15. You have an evacuation plan so you know what to do in the event of a fire? Yes No

Electrical Safety

16. Computer equipment is connected to a surge protector? Yes No
17. Electrical system is adequate for office equipment? Yes No
18. All electrical plugs, cords, outlets, and panels are in good condition? No exposed/damaged wiring? Yes No
19. Equipment is placed close to electrical outlets? Yes No
20. Extension cords and power strips are not daisy chained and no permanent extension cord is in use? Yes No
21. Equipment is turned off when not in use? Yes No

Computer Workstation

22. Chair casters (wheels) are secure and the rungs and legs of the chair are sturdy? Yes No
23. Chair is adjustable? Work Surfaces and chairs are ergonomically correct? Yes No
24. Your back is adequately supported by a backrest? Yes No
25. Your feet are on the floor or adequately supported by a footrest? Yes No
26. You have enough leg room at your desk? Yes No
27. There is sufficient light for reading? Yes No
28. The computer screen is free from noticeable glare? Yes No
29. The top of the screen is at eye level? Yes No
30. There is space to rest the arms while not keying? Yes No

Other Safety/Security Measures

31. Files and data are secure? Yes No
32. Materials and equipment are in a secure place that can be protected from damage and misuse? Yes No
33. You have an inventory of all equipment in the office including serial numbers? Yes No

The modification of this tool was done in partnership with the Quality Improvement Center for Workforce Development and funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant # HHS-2016-ACF-ACYF-CT-1178. The content of this publication does not necessarily reflect the views or policies of the funder.

