

BELONGING ASSESSMENT TOOL

INSTRUCTIONS FOR COMPLETING THIS SURVEY:

For each statement, select the number that best represents your agreement.

Scale: 1 = Strongly Disagree | 2 = Disagree | 3 = Neutral | 4 = Agree | 5 = Strongly Agree

(1) Please indicate your level of agreement with the following statements:	Strongly Agree	Agree	Sort of Agree & Disagree	Disagree	Strongly Disagree
(a) I feel accepted and included as I am by my team and organization.					
(b) I feel safe to speak up, share ideas, and express concerns at work.					
(c) I believe my contributions are valued and make a meaningful difference to the organization.					
(d) I have a voice in decisions that affect my work and the way our organization operates.					
(e) I trust that if I make a mistake, I will be treated fairly and supported in learning from it.					
(2) Can you share a time in the past year when you felt a strong sense of belonging at work? What made that possible?					
(3) Can you share a time in the past year when you did NOT feel you belonged at work? What contributed to that feeling?					