

Teacher's Feedback Form

Instructions

This questionnaire is designed to collect information our teachers need to help serve you better. Every feedback form is critically reviewed to find opportunities for improvement. Your feedback will help shape the way we teach and improve the experience of future students. Thank you.

| | |
|----------------------|--|
| Course Name | |
| Date of Course | |
| Your Name (optional) | |
| Company | |

1. Before the course my supervisor spent some time explaining the program and we discussed the potential benefits.

1 2 3 4 5
Not Really Somewhat Not Sure Agree Definitely

2. I was given a fair opportunity to share my previous experiences with the group and participate in all the activities.

1 2 3 4 5
Not Really Somewhat Not Sure Agree Definitely

3. I was able to connect with the ideas and use the materials and strategies provided.

1 2 3 4 5
Not Really Somewhat Not Sure Agree Definitely

4. Although learning new things can be challenging, my instructor provided a safe & encouraging learning environment.

1 2 3 4 5
Not Really Somewhat Not Sure Agree Definitely

5. I can see how I might use the strategies to avoid some common crashes. I can transfer the learning to my driving after the course.

1 2 3 4 5
Not Really Somewhat Not Sure Agree Definitely

6. The course could be improved if...

