

# Feedback



Leave a Google Review

|               |               |
|---------------|---------------|
| Location:     | Date:         |
| Instructor 1: | Instructor 2: |

## Course Type:

|                          |                          |                          |                            |                          |                            |
|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Introductory Course      | <input type="checkbox"/> | Beginner Permit Course     | <input type="checkbox"/> | Intermediate Permit Course |
| <input type="checkbox"/> | Endorsement Level Course | <input type="checkbox"/> | 3 Wheel Endorsement Course | <input type="checkbox"/> | Advanced Course            |



|                                                     |   |   |   |   |   |
|-----------------------------------------------------|---|---|---|---|---|
| How would you rate your level of improvement?       | 1 | 2 | 3 | 4 | 5 |
| How helpful were your instructors?                  | 1 | 2 | 3 | 4 | 5 |
| How courteous were your instructors?                | 1 | 2 | 3 | 4 | 5 |
| How much did coaching help improve your confidence? | 1 | 2 | 3 | 4 | 5 |

1= very poor, 2=poor, 3=adequate, 4=good, 5=excellent

|                                            |
|--------------------------------------------|
| What did you enjoy most about your course? |
| General Comments & Suggestions:            |

Use the back of this form for additional comments or suggestions

## What type of training are you interested in next?

|                          |                            |                          |                      |
|--------------------------|----------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Endorsement Level Training | <input type="checkbox"/> | Private Coaching     |
| <input type="checkbox"/> | Street Skills              | <input type="checkbox"/> | Advanced Cornering   |
| <input type="checkbox"/> | On Street Training         | <input type="checkbox"/> | Braking and Swerving |
| <input type="checkbox"/> | 3 Wheel Training           | <input type="checkbox"/> | Other                |

## Are you interested in becoming an instructor?

|                                                     |        |
|-----------------------------------------------------|--------|
| I am interested in becoming an Instructor.<br>Name: | Phone: |
| Motorcycle Experience:                              | Email: |