

Maldon Neighbourhood Centre

Better Community Buses driver safety program evaluation form

[This template has been developed for you to copy and paste into your own Microsoft Word template as required. While all parts of this template can be modified to suit your needs, items in red have been highlighted to show where you might delete or amend text.]

Thank you for participating in the [insert organisation here] driver safety training delivered by [insert organisation here]. Please complete the quick survey below regarding your learning outcomes.

Date:

Instructor name:

What were the main things you gained from the training?

Please tick the appropriate column

Understanding of issue	Improved a lot	Improved	Stayed the same
Road rules			
Safety impacts of distractions			
Visibility / blind spots			
Driving skills			
Passenger comfort			
Safety inside the vehicle			
Other (please specify)			

Please rate the course from 1 (poor) to 5 (excellent)

Content: what was covered in the course	
Teaching: how it was taught and organised	

Further comments:

[Delete this section when transferring to your Microsoft Word template]

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