

MOTORCYCLE PROGRAM EVALUATION

TRAINING CENTER NAME DMV'S Virginia Rider Training Program (VRTP) Richmond District MSCV, Inc.
TRAINING CENTER LOCATION Circle Richmond DMV or Richmond K-Lot

COURSE INFORMATION

(Please print)

COURSE TYPE: Jump Start <input type="checkbox"/> IRC <input type="checkbox"/> Basic RiderCourse <input type="checkbox"/> Experienced RiderCourse <input type="checkbox"/>	DATE OF COURSE
Classroom Coach:	Range Coach: Range Coach:

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR DMV
(Please print)

<p>Did the Coaches provide instruction primarily by: (Please explain your answer)</p> <p><input type="checkbox"/> Presenting material in a lecture format</p> <p><input type="checkbox"/> Engaging participants in the learning process by mentoring, encouraging questions and addressing individual needs</p>
<p>Do you have any suggestions for improving your RiderCoaches' teaching style?</p>
<p>Did the Coaches present the information clearly and in words/phrases you understood?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please explain)</p>
<p>Were the Coaches supportive, well informed, professional and polite?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please explain)</p>
<p>Would you recommend this training to others?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)</p>
<p>Do you have any additional suggestions or comments? (Excluding the weather, we have no control)</p>

PLEASE USE THE BACK OF THIS FORM IF ADDITIONAL SPACE IS NEEDED