

SKID CONTROL SCHOOL

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Course Assessment: Entry Level Program

Your opinions help direct our efforts. Please take a moment to complete this assessment of our services and return by fax, mail or e-mail your comments to **Doug Annett, Director of Operations** (danaett@skidcontrolschool.com)

Indicate Course Attended

- SCS 8 hr. One Day F 8 hr. One Day
- SCS 12 hr. Two Day F 12 hr. Two Day
- SCS 16 hr. Two Day C.A.E.P. Course

Course Date: Aug. 20, 2010

Curriculum

Did the training meet your expectations?

More than expectations.

Are there any parts of the course that you feel are not worthwhile?

None

Are you satisfied with the amount of driving time received?

Yes, I am.

Please state your instructor's name and comment on their expertise in the following areas: professionalism, knowledge & skill, time management.

Instructor Name: Mike

Comments: He is very experienced person that provide enough information regarding safe driving.

Instructor Name: Pat

Comments: She is an instructor who makes trainee comfortable and help improve the skill for safe driving.

Attitude

How has your outlook changed specifically towards your daily driving habits?

Much changes

Which habits in particular will you tackle immediately?

I don't take off my foot from the acceleration pedal any more as soon as I saw the light changes to green.

What is the single most important message that you come away with after participating in this course?

I have forgot ~~the~~ how to drive safe learned from the driving school.

Please share any other comments you may have.

N/A.

Name & Company (if applicable)

Seangheon Park / AMEC NSS

If we may profile your name & comments in our promotional material, please indicate below.

YES

YES, but please call first / Tel: ()