

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** (dannett@skidcontrolschool.com)

Indicate Course Attended

- | | |
|---|---|
| <input checked="" type="checkbox"/> SCS 8 hr. One Day | <input type="checkbox"/> F 8 hr. One Day |
| <input type="checkbox"/> SCS 12 hr. Two Day | <input type="checkbox"/> F 12 hr. Two Day |
| <input type="checkbox"/> SCS 16 hr. Two Day | <input type="checkbox"/> C.A.E.P. Course |

Course Date: June 1, 2010

Curriculum

Did the training meet your expectations?

Yes

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

No

Are you satisfied with the amount of driving time received?

Yes

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

Instructor Name: DON

Comments: Very good in all

three

Instructor Name: Don Mike

Comments: Good Technical Knowledge

Attitude

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

More acute

Which habits in particular will you tackle immediately?

Keep car centre in the lane while doing shoulder check before changing lane

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

Be confident, do not overreact

Please share any other comments you may have.

I took the SCS for the 1st time in 1991, it was a 2 day course

of since then I have ~~to~~ tried to apply what I have learned & it had paid

Name & Company (if applicable) FRANK GERMAIN - SBCI because even

now I am still vigilant while driving

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

YES

YES, but please call first / Tel: ()