

## 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)

Instructor Name: \_\_\_\_\_

Comments: \_\_\_\_\_

### 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: 19 MAY 2010

### Curriculum

Did the training meet your expectations?

yes, it was good  
learning of new things  
as well as good refreshment  
 Are there any parts of the course that you feel are not worthwhile? not

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: \_\_\_\_\_

Comments: All Instructors

provided good  
practical & practical  
A lot of energy  
and passion for  
their job.

### Attitude

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

changing way to  
observe during the  
driving

Which habits in particular will you tackle immediately?

Driving in challenging  
driving condition (e.g.  
oversteering)

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

How to survive  
skid! You drive with  
your eyes.

Please share any other comments you may have.

This is the first  
time I have attended  
skidding school. Skid Area  
makes this program  
unique and very valuable

Name & Company (if applicable)

Dr Pont

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

YES

YES, but please call first / Tel: (      )