

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 ✓

- 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: Apr 22/10

Curriculum

Did the training meet your expectations?

Yes and more!

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!

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

Instructor Name: Don

Comments: Down to earth,
a pleasure to meet,
very knowledgeable and
informative!

Instructor Name: Don

Comments: Excellent

Attitude

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

More aware

Which habits in particular will you tackle immediately?

Be more attentive to
immediate surroundings
while behind the wheel

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

See above

Please share any other comments you may have.

Name & Company (if applicable)

Region of Peel

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

YES

YES, but please call first / Tel: ()