



AARP Driver Safety Program

Course Evaluation

To the Participant:

We welcome your comments and suggestions. They will help us maintain the desired level of quality. After your ratings below, write in any suggestions or comments and **return this form to your instructor.**

Areas Evaluated	My Rating	Additional Comments
Content (were the topics covered beneficial?)	<input type="checkbox"/> Excellent	_____
	<input type="checkbox"/> Good	_____
	<input type="checkbox"/> Fair	_____
	<input type="checkbox"/> Poor	_____
Visual Aids	<input type="checkbox"/> Excellent	_____
	<input type="checkbox"/> Good	_____
	<input type="checkbox"/> Fair	_____
	<input type="checkbox"/> Poor	_____
Written Material	<input type="checkbox"/> Excellent	_____
	<input type="checkbox"/> Good	_____
	<input type="checkbox"/> Fair	_____
	<input type="checkbox"/> Poor	_____
Instructor's Abilities	<input type="checkbox"/> Excellent	_____
	<input type="checkbox"/> Good	_____
	<input type="checkbox"/> Fair	_____
	<input type="checkbox"/> Poor	_____
Facilities (Building & Classroom)	<input type="checkbox"/> Excellent	_____
	<input type="checkbox"/> Good	_____
	<input type="checkbox"/> Fair	_____
	<input type="checkbox"/> Poor	_____

How can your instructor improve his/her next course presentation?

Note to Instructor: Please keep these forms for your records.