



Florida Rider Training Program Student Course Evaluation

We welcome your feedback!

We ask that you please take a moment to complete this survey and mail it to us at the address provided at the bottom of this survey.

Student Name: _____

Phone Number: _____

Email Address: _____

School Name: _____ Range Location: _____

Course Type:

Wait time from registration to course start date: Hours, or Days

Instructor Name(s):

Range Aide(s):

Were training motorcycles provided: Yes No

The first day of the course was conducted on _____ for _____ hours.

The second day of the course was conducted on _____ for _____ hours.

The third day of the course was conducted on _____ for _____ hours. (If course had a third day option)

- | | | | | | |
|---|-----------------|--------------------------|------------|-----------------|-------------------|
| 1. How do you rate the instructor(s)? | Excellent | Good | No Opinion | Fair | Poor |
| 2. How would you rate the presentation of the course material? | Clear & Concise | Somewhat Clear & Concise | No Opinion | Disorganized | Very Disorganized |
| 3. How do you rate the content of the course? | Clear & Concise | Somewhat Clear & Concise | No Opinion | Disorganized | Very Disorganized |
| 4. How do you rate the usefulness of what you learned in the classroom? | Very Useful | Somewhat Useful | No Opinion | Fairly Useful | Not Useful |
| 5. How do you rate the usefulness of what you learned on the range? | Very Useful | Somewhat Useful | No Opinion | Fairly Useful | Not Useful |
| 6. Did the classroom instruction adequately prepare you to pass the end-of-course knowledge test? | Very Prepared | Somewhat Prepared | No Opinion | Fairly Prepared | Not Prepared |

7. Did the range instruction adequately prepare you to pass the on-motorcycle skill evaluation?
Very Prepared Somewhat Prepared No Opinion Fairly Prepared Not Prepared

8. Was the length of the course appropriate for your needs?
Too Long Just About Right Too Short

9. Did the classes and range times begin on schedule?
Yes No

If no, please explain why:

10. Were you given lunch and rest breaks?
Yes No

If no, please explain why.

11. How much was the course tuition? \$

12. Do you think the tuition was appropriate for the value of the training received?
Too Long Just About Right Too Short

13. Did you have a motorcycle endorsement on your driver license prior to taking the safety course?
Yes No

14. Did you have a motorcycle registered in your name prior to taking the safety course?
Yes No

15. Would you recommend this course to others?
Yes No

16. How would you improve this course? Please provide your suggestion below.

17. May the FRTP contact you to discuss this survey?
Yes No

For additional information or to provide additional comments, please contact us at (850)617-2528.

Please mail your completed survey to:

**Florida Rider Training Program
Room B212, MS 88
2900 Apalachee Parkway
Tallahassee, Florida 32399**