

Feedback:



Driver Stewardship Program

We need your feedback! Please take a few minutes to fill in this form, and return it in the enclosed envelope.

1. Name: _____ 2. Age: _____

3. School: _____ 4. Town/City: _____

5. How many people are in your group? _____

6. How Many in your group have a drivers Licence? _____

7. Briefly Describe your Event(s): _____

8. Was the information provided to you useful? Y / N

9. Were you asked questions you couldn't answer? Y / N

if yes, please describe: _____

10. If I could make changes to the simple Program, I would:

11. Would you take part in this Program Again? Y / N

12. Would you recommend other students volunteer to lead the program next year? Y / N

Other comments: _____
