

Questionnaire

Driving Instructor _____ Student: _____

Please take a few minutes to let us know how we are doing. We want to give our students the best possible training.

	Everytime	Sometime	Never
Was your incar instructor prompt for your lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did your incar instructor handle his/her self in a professional manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the car clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you do maneuverability on your 2-3-4 lessons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you do freeway driving on and off exit ramps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you experience downtown driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the instructor explain what you did right/ or wrong on the lesson?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the instructor talk to your parents on how your training was going.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you take your test in our car (Yes or (No)

Did you pass? _____

Do you feel that we (Columbus Driving Academy) did a good job in teaching you all the aspects of driving? Yes No (if no please explain) _____

Additional Comments - _____
