



Evaluation Form

Name of Driving class: _____

Date: _____

Your Country of Origin: _____

Gender (please circle one): **Male** **Female**

What is your age group? (please circle one): Under 20 years 20-29 30-39 40-49 50-59 60-69 70-79
Over 80 years

What is your residency status? (please circle one): NZ Citizen Resident Work Student Visitor

	Please circle one				
The class was relevant to what I needed to know	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
The information I received at the class was easy to understand	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
The tutor was knowledgeable about the topic	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
The venue was appropriate i.e. enough space, warm, good sound	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
My recommendation of this session to other newcomers	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5

Other Comments e.g. other topics of interest:
