

# Evaluation of Instructor Candidate Training

# AARP Driver Safety Program

DATE OF TRAINING \_\_\_\_\_

PLACE OF TRAINING \_\_\_\_\_

TRAINER \_\_\_\_\_

Thank you for volunteering to be an Instructor in AARP's Driver Safety Program. Please give us your opinions of the training you have received. Your feedback is important in our efforts to improve the training of future candidates. Check either Yes or No as appropriate and add comments as you wish.

1. I have a strong understanding of the information about AARP and the AARP Driver Safety Program, which was explained as part of the Orientation, held previously.

Yes  No      Comments: \_\_\_\_\_

2. I fully understand the administrative requirements (such as expense reports, ordering materials, reimbursement, etc.).

Yes  No      Comments: \_\_\_\_\_

3. There was sufficient basic training in successful classroom management.

Yes  No      Comments: \_\_\_\_\_

4. There was enough basic training in course content for me to teach a course.

Yes  No      Comments: \_\_\_\_\_

5. The Trainer communicated clearly.

Yes  No      Comments: \_\_\_\_\_

6. The room and facilities were comfortable.

Yes  No      Comments: \_\_\_\_\_

7. Use of the Instructor Manual was explained clearly.

Yes  No      Comments: \_\_\_\_\_

8. I feel ready to teach my first course under supervision.

Yes  No      Comments: \_\_\_\_\_

9. Was the length of the training adequate?

Yes  No      Comments: \_\_\_\_\_

10. Did the Trainer keep to the schedule outlined at the start of the course?

Yes    No   Comments: \_\_\_\_\_

11. I enjoyed the training.

Yes    No   Comments: \_\_\_\_\_

12. What was the most helpful part of the training?

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13. What was the least helpful part of the training?

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14. What would you like additional information or training on?

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15. Please give us any other suggestions you have for improving the training.

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