

STATE OF MAINE
Department of Public Safety, Bureau of Highway Safety



MAINE DRIVING DYNAMICS DEFENSIVE DRIVING
 COURSE EVALUATION - **Public**

Sponsoring Agency/Instructor name

Date of Class:

<u>Please check the blocks that best describes your experience:</u>	Excellent	Good	Poor
1. Overall Assessment of MDD Program			
2. <u>Instructor:</u>			
Knowledge of subject matter			
Ability to teach and communicate			
Ability to answer questions			
3. <u>Presentation:</u>			
Power Point			
Student Manual			
4. <u>Logistics:</u>			
Classroom			
Video Equipment			

5. Did the course meet your expectations?

Yes No

Please explain

6. Because of this class, will your driving behavior change?

Yes No Please explain

7. Please offer one tip that you learned that you will utilize in driving.

The answers you have provided will be used to improve the MDD Program.

They will not cause you to lose your three-point credit.

Your participation and input is appreciated.