CMSP Student Satisfaction Survey Form for Basic RiderCourse

Please help the California Motorcyclist Safety Program maintain high quality RiderCoursesSM by providing feedback on your training experience. Fold your evaluation form so that the address is facing outward, attach first class postage and send it directly to the California Highway Patrol (as addressed). All information is for CMSP use only, and will not be sold or provided for commercial use.

MTSAC Rev 01/11

Course Site: __________________________ City: __________________________ Date course began: ___ / ___ / ___

RiderCoach Names: 1. __________________________ 2. __________________________ 3. __________________________ 4. __________________________

Circle the number corresponding to your response to each question.

1. Overall Satisfaction with Course:
   1. Very Low  2.  3.  4.  5.  6.  7.  8.  9.  10. Very High

2. When you compare your overall riding skills & competencies after you completed the course with your riding skills & competencies prior to completion, how much improvement did you make?
   Very Little  A Whole Lot

Course Logistics

3. Registering for this course was easy.
   3a. How many times had you tried to register prior?_____
      1  2  3  4  5  6  7

4. Many classes were available in my area.
   1  2  3  4  5  6  7

5. I was able to enroll in a course that was convenient to my schedule.
   1  2  3  4  5  6  7

6. The time between registering for the class and attending the class was reasonable.
   1  2  3  4  5  6  7
   6a. Your waiting time? ______ days

7. The cost of the course was about right.
   7a. Tuition fee: $250  $150  $ Other
      1  2  3  4  5  6  7

RiderCoach: Rate each RC named above Write a number from 1 (LOW) and 7 (HIGH) in the box provided.

RC  RC  RC  RC
#1  #2  #3  #4

Classroom

8. Overall, the pace of the classroom instruction was about right.
   1  2  3  4  5  6  7

9. The quality of the classroom materials (handbook, videos, etc.) was high.
   1  2  3  4  5  6  7

10. During the course, I was given the opportunity to participate in discussions.
    1  2  3  4  5  6  7

11. The classroom experience enhanced my learning.
    1  2  3  4  5  6  7

Range

17. Overall, the pace of the range instruction was about right.
   1  2  3  4  5  6  7

18. Overall, the time I had to practice riding was about right.
    1  2  3  4  5  6  7

19. The instructions I received on the range were clear.
    1  2  3  4  5  6  7

20. The quality/condition of the range equipment was high.
    1  2  3  4  5  6  7

Comments and/or Suggestions for Improvement on any aspect of the course.

Demographics

(Please provide responses to these questions is strictly voluntary.)

21. Do you currently ride a motorcycle regularly?
    □ No  □ Yes — Estimated # of miles you ride annually ______

22. Age  □ Under 21 □ 21-24 □ 25-34
    □ 35-44 □ 45-64 □ 65 or Over

23. Gender  □ Male □ Female

24. Did you pass the classroom knowledge test?  □ Yes  □ No

25. Did you pass the riding skill test?  □ Yes  □ No

26. What was your skill level prior to entering the training class?  □ Beginner □ Experienced

27. Are you a returning rider? (stopped riding for a period and now started again)  □ No  □ Yes, stopped for ______ years

28. Reason for signing up for a class?
    □ Waive skill test at DMV  □ Other, specify: __________

29. Did the site provide you with any non-CMSP related product brochures or catalogs?  □ No  □ Yes, Please specify: __________

30. What will be your next steps in motorcycling?
CMSP STUDENT SURVEY

CALIFORNIA HIGHWAY PATROL
ATTN: Special Projects Section
P. O. Box 942898
Sacramento, CA 94298-0001

FOLD THIS SECTION IN FIRST

Name: ________________________________

Street Address: ________________________

City: __________________ Zip Code: ___________

Email Address: ________________________

How did you find out about the CMSP program? (check all that apply)

☐ Friend / family  ☐ Media  ☐ DMV  ☐ Insurance Company  ☐ Motorcycle dealer/shop
☐ Web site  ☐ Other __________

May CMSP contact you in the future to discuss this survey? YES  NO