



# CMSP Student Satisfaction Survey Form for Basic RiderCourse

Please help the California Motorcyclist Safety Program maintain high quality RiderCourses<sup>SM</sup> 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 2 3 4 5 6 7 8 9 10  
Very Low 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? 1 2 3 4 5 6 7 8 9 10  
Very Little A Whole Lot

\*VSD=Very Strongly Disagree; SD=Strongly Disagree; D=Disagree; N=Neither Disagree or Agree; Agree; SA=Strongly Agree; VSA= Very Strongly Agree

Course Logistics									RiderCoach : Rate each RC named above	RC	RC	RC	RC
	VSD	SD	D	N	A	SA	VSA	Write a number from 1 (LOW) and 7 (HIGH) in the box provided	#1	#2	#3	#4	
3. Registering for this course was easy. 3a. How many times had you tried to register prior? _____	1	2	3	4	5	6	7	12. I felt respected by the RiderCoach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Many classes were available in my area.	1	2	3	4	5	6	7	13. The RiderCoach acted professionally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. I was able to enroll in a course that was convenient to my schedule.	1	2	3	4	5	6	7	14. RiderCoach appeared to have prepared sufficiently for the class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The time between registering for the class and attending the class was reasonable. 6a. Your waiting time? _____ days	1	2	3	4	5	6	7	15. RiderCoach demonstrated effective communication skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. The cost of the course was about right. 7a. Tuition fee: <input type="checkbox"/> \$250 <input type="checkbox"/> \$150 <input type="checkbox"/> Other _____	1	2	3	4	5	6	7	16. RiderCoach showed concern for my personal safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Classroom									Range	VSD	SD	D	N	A	SA	VSA
8. Overall, the pace of the classroom instruction was about right.	1	2	3	4	5	6	7	17. Overall, the pace of the range 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	18. Overall, the time I had to practice riding was about right.	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	19. The instructions I received on the range were clear.	1	2	3	4	5	6	7	
11. The classroom experience enhanced my learning.	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** (Providing 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  Never ridden motorcycle 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? \_\_\_\_\_

--Tape to close here--

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CMSP STUDENT SURVEY

Place  
Postage  
Stamp  
Here

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

----- FOLD HERE ----- FOLD HERE -----

**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