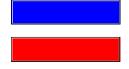


Commercial Driver Training School and Instructor Feedback Form



DMV PERSONNEL ONLY

Please route forms to Third Party Programs.

Directions:

- 1. Please rate your experience below.
- 2. Please fill in your contact information, along with the name of the Driver Training School, Instructor and the dates you took the training.
- 3. Please provide additional comments on the second page.
- 4. Submit this form to DMV by email, mail or in person.

Email: ThirdPartyPrograms@odot.oregon.gov

Mail: DMV Third Party Programs, 1905 Lana AVE NE, Salem OR 97314

In person: Submit at your local DMV office or DMV Headquarters

If this is an immediate concern, please call 503-947-4019 or send an email to ThirdPartyPrograms@odot.oregon.gov

Your feedback is important to DMV. Please take a moment to let us know about your experience.

	Strongly Agree	Agree	Disagree	Strongly Disagree
The training school instructors were professional.	0	0	0	0
The instructor made me feel at ease.	0	0	0	0
I felt I received appropriate and constructive (positive or negative) feedback.	0	0	0	0
I am satisfied with my overall experience.	0	0	0	0
Customer Phone Tra	structor Name aining School* tes of Training Required)	*		

Would you recommend this school to another person? Please explain why or why not.
Would you recommend this instructor to enother person? Please explain why or why not
Would you recommend this instructor to another person? Please explain why or why not.
How long did your training take?
Did to a construction of the construction of the construction of
Did you pass your training? Were you offered any sort of testing?
Please provide additional comments you may have regarding your experience with the training school.
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Please attach additional sheets or supporting documentation if necessary.

The training school may be contacted and informed of any concerns or feedback provided by the individual completing this form. You may be contacted by DMV or the training school to address your concerns.