



The Predator Awareness Task Force

PUBLIC TRANSIT SAFETY
Instructor Evaluation

Name (Optional) _____ Title (Teacher, Aide, Parent, Care provider) _____
Phone (Optional) _____ E-Mail (Optional) _____
Date of Training: _____ Number in attendance: _____
Circle Program Type: SDC, RSP, Full Inclusion, Adult Service Provider, Other: _____



Disagree



Agree

Was this training cognitively and developmentally appropriate for your students/clients?

Overall this training was educational?

What we learned will help my students/clients be safer?

Would you be interested in another safety training developed for persons with special needs?

The most valuable components of this training were:

Suggestions for how this training could be improved:

What other topics would you like to see developed into training:

Other comments:

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