



The Predator Awareness Task Force

PUBLIC TRANSIT SAFETY
Participant Evaluation

Name (Optional) _____ Date of Training: _____

Name of your program or school _____



NO



YES

I found this training useful

I enjoyed this training

I learned what transit safety is

I learned how to wait safely at a bus stop

I learned how to get on and off the bus safely

I learned how to ride on the bus safely

I learned something new today

What other safety topics would you like to have more training on?

Other comments:

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