

VIRGINIA DRIVER TRAINING SCHOOL PARENT/STUDENT QUESTIONNAIRE

Purpose: Use this form to assess the general status of student training conducted by the driver training school you attended.

Instructions: Check the appropriate box to indicate your response to each question. Use the Comments Section to provide additional information/comments. Return this questionnaire in the postage paid envelope provided.

STUDENT SCHOOL INFORMATION			
SCHOOL'S NAME			
ADDRESS	CITY	STATE	ZIP CODE
INSTRUCTOR'S NAME		TELEPHONE NUMBER	
STUDENT'S FULL NAME			
ADDRESS	CITY	STATE	ZIP CODE
DATE(S) ATTENDED		TELEPHONE NUMBER	

STUDENT QUESTIONS			
<p>Your completion of this questionnaire will not affect your licensing status nor will your name be linked to the information you provide.</p> <p>If you took classroom instruction from the above school, please answer the following questions.</p>			
	Yes	No	Unknown
1. Did the classroom have:			
a. seating and writing surfaces for each student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. a reference library of appropriate materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. restroom facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the classroom instruction consist of at least 36 periods of training of 50 minutes each?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the course present information about the influence of drugs and alcohol on driving and information about safety belt laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the instruction presented in a professional manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the classroom in a person's home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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If you took the behind-the-wheel instruction from the above school, please answer the following questions.

	Yes	No	Unknown
6. Was the vehicle equipped with:			
a. dual inside and outside mirrors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. dual braking systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. safety belts for each person in the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. a rooftop sign stating "Student Driver," "Learner's Permit" or "New Driver," "Driver Education" or "Caution Student Driver"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. a door sign indicating the school name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. a current safety inspection sticker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the behind-the-wheel instruction consist of at least 14 periods of instruction (7 driving and 7 observation), each 50 minutes long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were there ever more than four people in the vehicle during your behind-the-wheel instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. While driving, were you observed by other students while you completed the required seven 50 minute periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENTS QUESTION

	Yes	No	Unknown
10. Did the school comply with the guidelines mentioned in the written contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

SIGNATURE (OPTIONAL)

SIGNATURE	DATE:
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