

School Bus Driver Certification

Participant Evaluation Summary

Session ID # -

Class Site: _____ Class Date(s): _____

Number of Participants: _____ Number of evaluations (attached) _____

Please tally participant responses:

	5 Strongly Agree	4	3	2	1 Not Applicable
1					

	5 Strongly Agree	4	3	2	1 Not Applicable
2					

	5 Strongly Agree	4	3	2	1 Not Applicable
3					

Please note participant responses to the following statements:

	As a result of the session, I will initiate the following action:
4	

	Describe additional support you need from Region 4 Education Service Center in the following areas:
5	Training:
	Products:
	Services:

Instructor Signature _____ Date: _____