



Event Date _____

Track _____

Participant Name _____

Instructor Name _____

For office use only
Instructor Total _____

National Auto Sport Association HPDE Participant Questionnaire

This questionnaire is mandatory for all Group 1 participants. This will help ensure a quality program. You will rate your instructor and your experience. The instructor will not be allowed to read your comments. We appreciate your candor.

A rating of 10 is the highest and 1 is the lowest.

Please rate the following relating to your instructor:

Attentiveness:

1 2 3 4 5 6 7 8 9 10

Punctuality:

1 2 3 4 5 6 7 8 9 10

Courtesy:

1 2 3 4 5 6 7 8 9 10

Articulate:

1 2 3 4 5 6 7 8 9 10

Please rate your experience overall at this event:

1 2 3 4 5 6 7 8 9 10

Comments:
