Feedback Questionnaire

In order that we may evaluate the impact of our demonstration we would be grateful if you could answer the questions below. The completed form should be returned to the TACS demonstrator on the day of the demonstration.

Name: ....................................................………………………….Date: ……………………………

Job Title …………………………………………………………………………………………………..

School: ..........................................................................................................…………………….

Address: .........................................................................................................…………………....

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Age of children: ...........................……………………No of children present: ............…………….

**Q1** What was the most effective part of the demonstration?

 a) For teachers/group leaders: .................................................………………………..

 b) For the children: ................................................................…………………………

**Q2** What was the least effective part of the demonstration?

 a) For teachers/group leader: ...................................................………………………..

 b) For the children: ...................................................................……………………….

**Q3** Why was this part of the demonstration the least effective?

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**Q4** What aspects of the demonstration could be improved and how?

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**Q5** Have you any suggestions on new items that could be incorporated into a TACS demonstration and what benefits they would bring?

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**Q6** How would you describe the organisation of today’s demonstration by the TACS demonstrators?

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 Excellent Good Fair Poor

**Q7** How would you describe the standard of presentation by the TACS demonstrators?

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 Excellent Good Fair Poor

**Q8** To what extent do you feel that the children’s awareness of road safety around trucks has improved?

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 Greatly Reasonably A little No improvement

**Q9** Any other comments?

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**THANK YOU FOR COMPLETING THIS FORM WE VALUE YOUR COMMENTS**

# FOR INTERNAL USE ONLY

## This section to be completed by the local TACS Demonstrator

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| --- | --- |
| Date of Demonstration: | Name of School /Organisation  |
| Total no of TACS demonstrations performed on the day: | Total no of children involved in the TACS demonstrations: |
| TACS Demonstrators Names:1……………………………………………………2……………………………………………………3……………………………………………………4……………………………………………………. |  |
| Any other comments: |