

Cambridgeshire County Council's Safer Cycling Questionnaire for Pupils

School Name _____

We are always looking for ways to improve cycle training so that you, the pupils, get the best possible course. We would be very grateful if you could take some time to fill in this questionnaire to let us know what you think of the Safer Cycling Scheme.

You do not need to put your name. Thank you

1. Did you take part on the Safer Cycling Scheme?

Yes go to question 2 No please say why you didn't do the course in the space below and return to the class teacher. Thank you

Please circle the word(s) you think best describes how you feel:-

2. What did you think of the training you received?

Not good OK Good Great

3. Were the Instructor(s) easy to understand when they were telling you how to do the turns?

No OK Good Great

4. What did you think of all the materials you were given?

Not good OK Good Great

5. Do you now feel more confident when cycling?

Yes No Don't know

6. Do you feel the course should be.....

Shorter Longer The Same

7. Would you recommend the course to others?

Yes No Don't know

8. Do you have anything else you would like to say about the training, we are always pleased to hear your comments.

How old are you? _____

Please return this form to your Instructor or class teacher

Thank you for your time