**Year 5&6 Charlie’s Accident - Road Safety Evaluation**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class/Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was the session content suitable for your class?

Yes No In Part

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1. Was the session length suitable for your class?

Yes Too Long Too Short

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1. Did you do any work on road safety prior to the visit?

Yes No

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1. Will you/ did you do any follow up work after the session?

Yes No

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5) How can we improve the session for next time?

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