www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

Driver Improvement Clinic (DI)
Student Questionnaire

DI 3 (02/98)

Clinic's Name: _____

Address: _____

Instructor's Name: _____ Phone Number: _____

Student's Full Name: _____

Address: _____

Date(s) Attended: _____ Phone Number: _____

The information you provide will be used to assess the general status of student training conducted by DI Clinics in Virginia. Your completion of this questionnaire will not affect your licensing status nor will your name be linked to the information you provide.

Please check the appropriate box in answer to the specific question asked. Use the area below identified as "General" for any additional information you wish to make known to DMV.

If you took clinic instruction from the above clinic, please answer the following questions:

	Yes	No	Unknown
1. Did the clinic have:			
a. seating and writing surfaces for each student?	☐	☐	☐
b. student work books for each student and were you allowed to keep them?	☐	☐	☐
2. Did the instruction last at least 8 hours?	☐	☐	☐
3. Did the course contain information on the influence of drugs and alcohol on driving and on seat belt laws?	☐	☐	☐
4. Did the course contain information on aggressive driving?	☐	☐	☐
5. Was the instruction presented in a professional manner?	☐	☐	☐
6. Was the classroom in a person's home?	☐	☐	☐

7. How many students were in the class you attended? _____.

GENERAL: Use the below area for your comments.

Signature (optional) _____ Date: ____ ____/____ ____/____ ____
M M D D Y Y

Please return this questionnaire in the postage paid envelope provided.