

TEAM CONTINENTAL INSTRUCTOR SURVEY

1. **NAME:** _____ **DATE:** _____ / _____ / _____
 - a. Do you have an instructor **name tag**? Yes ___ No ___

2. **Phone: Day:** _____ **Evening:** _____ **FAX:** _____
E-mail address: _____

3. **Current License Status:** State: _____ Lic. No. _____
ICSCC: IRR# _____ SCCA: Reg.# _____ Nat.# _____

4. **Number of years of competition driving?** _____ **Instructing?** _____
 - a. Would you be willing to **mentor** a less experienced instructor? Yes ___ No ___

5. **Types of vehicles raced in competition (Check all that apply):**
Small Bore/RWD ___ Large Bore/RWD ___ Front Wheel Drive ___
Open Wheel (FF, FC, FV, FFF) ___ Sports Racer ___

6. **Street driving experience (Check all that apply):**
Small Bore/RWD ___ Large Bore/RWD ___ Front Wheel Drive ___

7. **Teaching Preferences (Check all that apply):**
Men only ___ Women only ___ 18-30 yrs. old ___ 30 & over ___
No preference ___

8. **Would you be willing to instruct at a Ground School?** Yes ___ No ___ Maybe ___
 - a. If yes or maybe, which topics might you wish to present? (Check all that apply)
Description of PIR ___ Car Control ___ Flags ___
ICSCC Racing License Procedure (for students going racing) ___
Safety Equipment (for students going racing) ___
Other topics? (Please explain) _____

9. **What can we do to improve our Ground School?**

10. **What can we do to improve the on track instruction experience for our students?**

11. **Do you have any other suggestions?**

12. **In which schools do you plan to instruct?**

	Yes	No	Maybe
Sat. February 21 st	___	___	___
Fri. March 20 th	___	___	___
Sat. June 27 th	___	___	___
Fri, October 9 th	___	___	___