**Bikeability – How Did We Do?**

**Pupil Feedback Form**

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| **School Name** |  | | |
| **Pupil Name** |  | **Date** |  |

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| Did you enjoy Bikeability? |  |  |  |
| Have you learnt something new? |  |  |  |
| Would you like to do Bikeability again? |  |  |  |
| Will you continue cycling? |  |  |  |
| How do you rate your instructor? (10 being Awesome) | **1 2 3 4 5 6 7 8 9 10** | | |
| How can we make Bikeability better? |  | | |
| What are the four most important things to remember when cycling?   1. ……………………………………………. 3. ……………………………………………. 2. ……………………………………………. 4. .…………………………………………….. | | | |