

RIDE-ALONG PARTICIPANT EVALUATION FORM

The Rockford Police Department hopes that you enjoyed your ride-along experience and find it beneficial.

Thank you for participating in the Rockford Police Ride-Along Program. At the end of your ride-along time, please take a few moments and fill out this evaluation form. Your comments will help us to continually evaluate the Ride-Along Program.

Date of Ride-Along: / /	Time of Ride-Along:	_
Officer's name you rode with:		
Did the ride-along give you a better understa	anding of police work?Yes	sNo
Did the officer answer your questions?	Yes	sNo
Would you recommend this program to other	ers?Yes	sNo
How would you rate the Ride-Along Program's effectiveness in giving citizens a better understanding of a police officer's job, duties, responsibilities, and profession?		
ExcellentSati	sfactoryUnsa	tisfactory
Comments:		
SIGNATURE OF PARTICIPANT		