



**A.B.A.T.E. of Oregon**

***MOTORCYCLE AWARENESS PROGRAM  
INSTRUCTOR REPORT FORM***

Class Date \_\_\_\_\_ Location \_\_\_\_\_

Sponsor of Program \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Contact phone \_\_\_\_\_ E-mail \_\_\_\_\_

Teacher's Comments

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Classes/Students \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_

New Teaching Date (if known) \_\_\_\_\_

Presenters \_\_\_\_\_

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Chapters or Organizations Represented

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Suggestions

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Give this report to your State Board Rep for reporting at your chapter meeting, then the monthly State Board meeting. A copy should be sent the Education Director, A.B.A.T.E. of Oregon, Inc. P.O. Box 4504, Portland, OR 97208