

RIDERCOACH CORRECTIVE ACTION PLAN

RiderCoach Name/Number _____

Date of Visit _____

Observed by _____ Contact Information _____

This form reflects items with Unsatisfactory ratings as noted on a Technical Assistance Visit report. It is designed to assist the RiderCoach with corrective action and realign facilitation and coaching with curriculum standards and principles.

The RiderCoach listed above must sign to acknowledge receipt of this form then complete the Implementation section below and return to the Motorcycle Safety Unit within 30 days stating how they implemented the corrective action(s).

UNSAT ITEM(S):

CORRECTION ACTION(S):

I acknowledge receipt of the Corrective Action Plan.

RiderCoach signature _____

Date _____

RIDERCOACH IMPLEMENTATION(S): *list steps taken to implement corrective actions*

RiderCoach submission of implementation.

Send completed form to motorcycle.safety@dps.texas.gov

RiderCoach signature _____

Date _____