

rear-facing • forward-facing • booster seat • safety belts

## **Child Passenger Safety CEU Class Evaluation**

Instru	ctore
Instru	Clor:

Class Location:	Class Dates
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Please circle one choice per question:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Classroom/facilities were appropriate for the class.	1	2	3	4	5
2. The class increased my knowledge in child passenger safety issues.	1	2	3	4	5
3. The class provided useful resources.	1	2	3	4	5
4. The class met or exceeded the expectations I had prior to attending.	1	2	3	4	5
5. I benefited from the information presented at the class.	1	2	3	4	5
6. I would recommend this class to other Technicians and Instructors.	1	2	3	4	5
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	Too Short		Just Right		Too Long
1. Overall length of the class:	1	2	3	4	5

Additional Comments:		
Name:	Address:	
Phone#:	Employer:	Certification#: