

SAMPLE Child Passenger Safety Technical Update Session

[DATE]

[TIME]

[Location] [City, State]

[EVENT ID, if pre-approved]

Agenda

1:00-2:00 Evaluate a minimum of three (rear-facing) only child restraints. Review all features including the following: *(1 CEU)*

	Seat #1	Seat #2	Seat #3
Seat Manufacture / Model			
Measure harness slot heights			
Measure crotch strap depth			
Locate lower anchors & storage			
Locate seat belt path and if there are built in lock offs			
Can it be used without the base			
Determine how to switch the harness slots			
Harness adjustor			
Recline mechanism			
Weight & height limits			
Extra features			
Read through instruction manual			
Handle position when traveling			

Comments: _____

2:00-3:00 Evaluate a minimum of three different convertible child restraints. Review all features including the following: (1 CEU)

	Seat #1	Seat #2	Seat #3
Seat Manufacturer / Model			
Measure harness slot heights			
Measure crotch strap depth			
Locate LATCH anchorage system			
Weight limit for LATCH anchorage system			
Determine how to use lower anchors in rear facing & forward facing positions and storage location			
Tether anchor (can it be used rear facing)			
Locate seat belt paths and if there are built-in lock offs			
Determine which harness slots to use for rear facing & forward facing			
Determine how to change harness slot height			
Harness adjustor			
Recline mechanism			
Height & weight limits for rear facing & forward facing positions			
Extra features			
Read through instruction manual			

Comments: _____

3:00-3:30 Evaluate a minimum of three different combination and/or booster seats. Review all features on the restraint including the following:
(1/2 CEU)

	Seat #1	Seat #2	Seat #3
Seat Model / Manufacturer/ Type			
Measure harness slot heights			
Measure crotch strap depth			
Determine weight and height limit (with and without harness)			
Locate lower anchors (can they be used when seat is in booster mode?)			
Tether anchor (can it be used in booster mode?)			
Determine how shoulder belt adjustor works			
Extra features			
Read through instruction manual			

Comments: _____

3:30-4:00 Discussion of information from child restraint evaluations *(1/2 CEU)*

Participant Name & Technician Number _____
PLEASE PRINT CLEARLY

Session Facilitator Name & Tech Number _____
PLEASE PRINT CLEARLY

Session Facilitator Signature _____

This session counts for three (3) continuing education units for purposes of CPS Recertification. Please retain this sheet as proof of attendance and for auditing purposes.