



rear-facing • forward-facing • booster seat • seat belt

Child Passenger Safety CEU Class Evaluation

Class Title:
Class Location:

Instructor:
Class Date:

<i>Please circle one choice per question:</i>	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

	Too Short		Just Right		Too Long
1. Overall length of the class:	1	2	3	4	5

Additional Comments:

Name: _____ Address: _____

Phone#: _____ Employer: _____ Certification#: _____