



NATIONAL  
**CHILD PASSENGER  
SAFETY BOARD**

A program managed by the National Safety Council

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

## Child Passenger Safety CEU Class Evaluation

**Class Title:**

**Instructor:**

**Class Location:**

**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#: