**Car Seat Awareness**

**EVALUATION**

**Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1-strongly disagree 2-disagree 3-neither agree or disagree 4-agree 5-strongly agree**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question** | **1** | **2** | **3** | **4** | **5** |
| The presenter did a good job explaining the materials |  |  |  |  |  |
| I feel like all my questions were answered |  |  |  |  |  |
| I received enough information to safely use my car seat |  |  |  |  |  |
| I would recommend this class to others |  |  |  |  |  |

**Your opinion counts! Please share your experience with us…**

**Are you [circle]:** Parent/Caregiver Extended Family [i.e. grandparent] Childcare Provider Transporter/For Hire First Responder Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you received any previous car seat education?** \_\_\_\_ No \_\_\_\_ Yes

**How did you learn about the class:** [circle]  
Family/Friend Physician Employer Webpage Facebook Twitter   
Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What did you learn that you didn’t know before participating in the class today?**

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**What did we do well and/or what could we improve on?**

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**Additional Comments:**

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Please contact me, I have additional questions.  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_