

Post Evaluation Reporting Form:

Name & Credentials: _____

1. What type of organization are you employed at?

- a. Trauma center
- b. Hospital\hospital system
- c. Fire department
- d. Police department
- e. Child care\day care center
- f. School system
- g. Child advocacy center
- h. Other (please specify): _____

Date Training was completed: _____

Number of inspections performed at clinic: _____

Did you have an increase in knowledge regarding car seat safety? YES NO

Are you bilingual? YES NO

If so, what languages are you fluent in? _____

What counties will your organization be working with regarding child passenger safety?

Is there any additional information (resources, data, training, etc.) that you might find beneficial for another class?

