

North Carolina Child Passenger Safety Training Classes

REPORT DATE _____

GENERAL CLASS INFORMATION

Class Type: Certification Class NC Basic Awareness Class Update/refresher

Class Dates: _____

Hosting Agency: _____

Class Location: _____

City: _____ State: _____ County _____

Number of students beginning class: _____ Number of students completing class: _____

INSTRUCTIONAL TEAM *(Use additional sheets as necessary)*

Class Administrator/Primary Contact:

Name: _____ Cert. # _____

Agency: _____

Phone: _____ E-mail _____

Lead Instructor: Check here and skip to "Team Member 3" if Lead Instructor is same as Class Administrator/Contact

Name: _____ Cert. # _____

Phone _____ E-mail _____

Team Member 3: Instructor Instructor Candidate Mentored Technician MT Candidate Technician Assistant

Name: _____ Cert. # _____

Phone _____ E-mail _____

Team Member 4: Instructor Instructor Candidate Mentored Technician MT Candidate Technician Assistant

Name: _____ Cert. # _____

Phone _____ E-mail _____

Team Member 5: Instructor Instructor Candidate Mentored Technician MT Candidate Technician Assistant

Name: _____ Cert. # _____

Phone _____ E-mail _____

Team Member 6: Instructor Instructor Candidate Mentored Technician MT Candidate Technician Assistant

Name: _____ Cert. # _____

Phone _____ E-mail _____

Team Member 7: Instructor Instructor Candidate Mentored Technician MT Candidate Technician Assistant

Name: _____ Cert. # _____

Phone _____ E-mail _____

COMMENTS

Comments on Classroom and Training Facility: _____

_____ (Use additional sheets as necessary)

Comments on Support from Local, State, and National Agencies/Organizations: _____

_____ (Use additional sheets as necessary)

General Class Comments: _____

_____ (Use additional sheets as necessary)

Person Submitting Report: Class Administrator Lead Instructor Other*

Name (print): _____

Signature: _____

*If other than Class Administrator or Lead Instructor, complete the following:

Role in Class: _____

Agency: _____

Address: _____

Phone: _____

E-mail _____

Mail Report Form and Class Roster to:

NC CPS Resource Center
c/o UNC Highway Safety Research Center
CB#3430 - Chapel Hill, NC 27599
919-962-2202 / 800-672-4527

FOR CPSRC USE ONLY
Date Received: