

**National Child Passenger Safety Certification Program  
Skills Evaluation #3: Identification of Misuse of Child Restraints**

**This activity must be completed individually.**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Course ID: \_\_\_\_\_

You have three attempts to correctly select, adjust and install a CR for each scenario. All attempts will be recorded by Instructor on the same form. Instructors will note each pass or fail attempt with their certification ID# (EX I0###). **If a third attempt is necessary, a new instructor will grade you.**

<b>Misuse Identification: Are the following correct? Provide a reason if "No".</b>					
Student has 3 attempts to pass. Instructors must assign grades with their Certification ID's		<b>Attempts #</b>			
		<b>1</b>	<b>2</b>	<b>3</b>	
<b>Scenario 1</b>	Correct Restraint Selection? <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:	
		Retry:	Retry:	Fail:	
	Child's Age: _____	Correct Harness Use?: <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:
			Retry:	Retry:	Fail:
	Wt: _____	Restraint Installed Correctly? <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:
			Retry:	Retry:	Fail:
Type of CR: _____					
<b>Scenario 2</b>	Correct Restraint Selection? <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:	
		Retry:	Retry:	Fail:	
	Child's Age: _____	Correct Harness Use?: <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:
			Retry:	Retry:	Fail:
	Wt: _____	Restraint Installed Correctly? <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:
			Retry:	Retry:	Fail:
Type of CR: _____					
<b>Scenario 3</b>	Correct Restraint Selection? <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:	
		Retry:	Retry:	Fail:	
	Child's Age: _____	Correct Harness Use?: <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:
			Retry:	Retry:	Fail:
	Wt: _____	Restraint Installed Correctly? <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:
			Retry:	Retry:	Fail:
Type of CR: _____					

<b>Misuse Identification: Are the following correct? Provide a reason if "No".</b>				
Student has 3 attempts to pass. Instructors must assign grades with their Certification ID's		<b>Attempts #</b>		
		<b>1</b>	<b>2</b>	<b>3</b>
<b>Scenario 4</b>  Child's Age: _____ Wt: _____  Type of CR: _____	Correct Restraint Selection? <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:
		Retry:	Retry:	Fail:
	Correct Harness Use?: <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:
		Retry:	Retry:	Fail:
	Restraint Installed Correctly? <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:
		Retry:	Retry:	Fail:
<b>Scenario 5</b>  Child's Age: _____ Wt: _____  Type of CR: _____	Correct Restraint Selection? <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:
		Retry:	Retry:	Fail:
	Correct Harness Use?: <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:
		Retry:	Retry:	Fail:
	Restraint Installed Correctly? <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:
		Retry:	Retry:	Fail:
<b>Scenario 6</b>  Child's Age: _____ Wt: _____  Type of CR: _____	Correct Restraint Selection? <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:
		Retry:	Retry:	Fail:
	Correct Harness Use?: <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:
		Retry:	Retry:	Fail:
	Restraint Installed Correctly? <input type="checkbox"/> YES <input type="checkbox"/> NO, because:	Pass:	Pass:	Pass:
		Retry:	Retry:	Fail:

Pass     Fail

**I hereby certify that the information provided above is true and accurate.**

\_\_\_\_\_

**Signature of Lead Instructor**

\_\_\_\_\_

**Certification Number**