

Child Passenger Safety (CPS)Webinar Car Seat Safety: What Every Pediatric Practice Should Know (that was never taught in residency or RN classes) February 21, 2012

Please complete this evaluation form and send it back. Your input helps plan future educational programs to improve the health and safety of Maryland's children, youth and families. If you would like to receive a certificate of participation and/or free periodic updates on child passenger safety, complete and return the 2nd page with your contact information.

| Please rate the objective or | 1 | 2 | 3 | 4 | 5 | Comments |
|----------------------------------------|---|---|---|---|---|----------|
| component: | | | | | | |
| learn why it's important for | | | | | | |
| pediatricians and their staff to talk | | | | | | |
| about child passenger safety | | | | | | |
| ('CPS') with families. | | | | | | |
| learn the key points of CPS to | | | | | | |
| discuss with parents. | | | | | | |
| learn what to tell parents about | | | | | | |
| transitioning their kids to a new seat | | | | | | |
| type or use. | | | | | | |
| feel more comfortable advising | | | | | | |
| parents on CPS now than before | | | | | | |
| the webinar. | | | | | | |
| quality of Powerpoint presentation | | | | | | |
| | | | | | | |
| overall quality of the webinar | | | | | | |
| . , | | | | | | |

What part of the conference call was most useful for you in practice?

What part of the conference call was least useful for you?

What other topics/materials would you like to see covered in future webinars, materials, or trainings?



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- □ Please send me a certificate of participation in this webinar.
- □ Please add me to your database to receive free, periodic updates on child passenger safety.

| Contact Information | | | | |
|--------------------------------------------------------------|--|--|--|--|
| Agency/ Organization | | | | |
| Name | | | | |
| Title | | | | |
| Mailing Address | | | | |
| City, State, Zip | | | | |
| Phone | | | | |
| Fax | | | | |
| Email | | | | |
| Do you want your certificate EMAILED or MAILED to you? | | | | |

Signature:_____Date:_____

The evaluation & requests for certificates will be kept separate for confidentiality.