

# Scheduler Worksheet

(To be completed by CPST.)

\_\_\_\_\_  
Parent Last Name

\_\_\_\_\_  
Date

What type of car do you ride in with your family?

Vehicle \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

How many people in each of the following age groups ride in the family car?

CPST sent caregiver Car Seat Checkup handout.

Yes  No

Children \_\_\_\_\_

(newborn to 12 years of age)

Teenagers \_\_\_\_\_

(13 to 19 years of age)

Adults \_\_\_\_\_

(20 years of age and older)

Is there a baby on the way?

Yes  No

Please answer the questions below for each child under the age of 12.



1 Rear-facing seat



2 Car seat with harness



3 Booster seat (no back)



4 Booster seat (highback)



5 Seatbelt

Child's Info	Does this child have a car seat/booster seat?	If yes, what type? (Circle the number that matches the type of seat shown above.)	CRS Brand	CRS Model Name
Initials _____ Age _____ Weight _____ Height _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 2 3 4 5		
Initials _____ Age _____ Weight _____ Height _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 2 3 4 5		
Initials _____ Age _____ Weight _____ Height _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 2 3 4 5		
Initials _____ Age _____ Weight _____ Height _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 2 3 4 5		

CPST referred caregiver to car seat manufacturer. Yes  No