

Instructor Worksheet for Managing Seat Check Signoffs

This worksheet can be used by instructors and tech proxies to keep track of the sign offs they've done for CPSTs. **Do not submit this form to Safe Kids.** Remind CPSTs to log their own seat checks into their online profile by going to <https://cert.safekids.org>, and that they'll need the instructor's first and last name to do this. The site has detailed instructions for all aspects of recertification, as well as a worksheet that CPSTs can use to guide and keep track of all recertification efforts. ***See the reverse for guidance on general skills to assess during a sign-off.***

Instructor Name: _____ Worksheet Date Range: _____

REMINDER: Every two years, CPSTS must conduct one of each of these seat checks to recertify: 1) Rear-facing only; 2) Rear-facing convertible or all-in-one; 3) Forward-facing seat with a harness; 4) Booster seat; 5) An installation using LATCH. (Note: LATCH installation must involve any of seat types 1–3; if LATCH is used while being signed off for one of these seat types, credit may be given for both types. A tether must be used if required by the instructions for a correct LATCH installation. A RF CR secured correctly using only the lower anchor connector is acceptable.)

Date of Check	Technician Name, Expiration Date	Seat Check Type	Pass/ Fail	Approved online?
	Notes:			
	Notes:			
	Notes:			
	Notes:			
	Notes:			
	Notes:			
	Notes:			
	Notes:			
	Notes:			

Technician Skills to Evaluate During Seat Check Sign Offs

(copy as needed)

This checklist can help instructors and technician proxies keep track of the basic skills that should be shown during any of the seat check types required for recertification. **To pass, a CPST must earn a Yes for each skill.**

Optionally, make copies of this page so that it can be given to the technician. This may be desirable as a way to share notes about areas needing improvement before sign off is earned, which can be written in the space provided.

SEAT TYPE: If this form will be given to the technician, mark the type of seat check and outcome.

RFO ___ RF convertible ___ FF w/Harness ___ Booster ___ LATCH ___ • Pass ___ Fail ___

<input type="checkbox"/> Yes <input type="checkbox"/> No • CPST engaged the caregiver in the education process, utilizing Learn, Practice, Explain principles.
<input type="checkbox"/> Yes <input type="checkbox"/> No • CPST allowed the caregiver to ask as many questions as necessary until the caregiver was comfortable with the installation process.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A • CPST provided clear, accurate answers to specific caregiver questions. Looked up answers, when necessary
<input type="checkbox"/> Yes <input type="checkbox"/> No • CPST used a positive tone of voice.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A • CPST encouraged best practice but accepted “good” or “better.”
<input type="checkbox"/> Yes <input type="checkbox"/> No • CPST provided the caregiver praise on what the caregiver had done correctly.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A • CPST showed knowledge of state law and how it relates to good, better, best.
<input type="checkbox"/> Yes <input type="checkbox"/> No • CPST presented relevant information to caregiver.
<input type="checkbox"/> Yes <input type="checkbox"/> No • CPST referred to car seat labels, manuals and/or their Technician Guide, as needed.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A • CPST corrected misuse errors.