



ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to the California Minority Counsel Program (Please Print)

| | | | |
|-----------------------|---|------------------|------|
| Provider Name: | California Minority Counsel Program | Provider Number: | 9949 |
| Provider Address: | 465 California Street, Suite 635, San Francisco, CA 94104 | | |
| Provider Phone #: | (415) 782-8990 | | |
| Title of Activity: | CMCP/Kaiser CLE Marathon | | |
| Date(s) of Activity: | Wednesday, January 15, 2014 | | |
| Time of Activity: | 1:00 pm - 5:45 pm | | |
| Location of Activity: | One Kaiser Plaza, Oakland, CA | | |

Check Box For Each Session Attended

- Using Meditation to Disrupt Addictive Behaviors
- To Post or Not: The Social Media Ethical Dilemma
- The Neuroscience of Decision-Making in the Practice of Law

Please mark the appropriate box to indicate your evaluation of this course:

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. Did this program meet your educational objectives? Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were you provided with substantive written materials? Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the course update or keep you informed of your legal responsibilities? Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the activity contain significant current professional content? Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the environment suitable for learning (e.g., temperature, noise, lighting, etc.)? Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Please rate the instructor(s) on a scale of 1 to 5 (with 1 being Poor and 5 being Excellent):

| | <u>Overall Teaching Effectiveness</u> | | | | | <u>Knowledge of Subject Matter</u> | | | | |
|--------------------------|---------------------------------------|---|---|---|---|------------------------------------|---|---|---|---|
| Instructor's Name: _____ | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Subject Taught: _____ | | | | | | | | | | |
| Comments: _____ | | | | | | | | | | |
| Instructor's Name: _____ | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Subject Taught: _____ | | | | | | | | | | |
| Comments: _____ | | | | | | | | | | |
| Instructor's Name: _____ | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Subject Taught: _____ | | | | | | | | | | |
| Comments: _____ | | | | | | | | | | |

(Continued)

ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

(continued)

California Minority Counsel Program

CMCP/Kaiser CLE Marathon

Wednesday, January 15, 2014

Please rate the instructor(s) on a scale of 1 to 5 (with 1 being Poor and 5 being Excellent):

| | <u>Overall Teaching Effectiveness</u> | | | | | <u>Knowledge of Subject Matter</u> | | | | |
|--------------------------|---------------------------------------|---|---|---|---|------------------------------------|---|---|---|---|
| Instructor's Name: _____ | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

Subject Taught: _____

Comments: _____

| | | | | | | | | | | |
|--------------------------|---|---|---|---|---|---|---|---|---|---|
| Instructor's Name: _____ | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
|--------------------------|---|---|---|---|---|---|---|---|---|---|

Subject Taught: _____

Comments: _____

| | | | | | | | | | | |
|--------------------------|---|---|---|---|---|---|---|---|---|---|
| Instructor's Name: _____ | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
|--------------------------|---|---|---|---|---|---|---|---|---|---|

Subject Taught: _____

Comments: _____

| | | | | | | | | | | |
|--------------------------|---|---|---|---|---|---|---|---|---|---|
| Instructor's Name: _____ | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
|--------------------------|---|---|---|---|---|---|---|---|---|---|

Subject Taught: _____

Comments: _____

Name of Participant: _____
 (optional) First Last