



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: **Walk the Walk**
Date(s) of Activity: **Thursday, June 19, 2014**
Time of Activity: **6:30 pm - 7:30 pm**
Location of Activity: **633 Battery Street, San Francisco, CA**

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: _____										

Name of Participant: _____
(optional) First Last