



**ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE**

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

|                       |  |                  |             |
|-----------------------|--|------------------|-------------|
| Provider Name:        | <b>California Minority Counsel Program</b>                       | Provider Number: | <b>9949</b> |
| Provider Address:     | <b>465 California Street, Suite 635, San Francisco, CA 94104</b> |                  |             |
| Provider Phone #:     | <b>(415) 782-8990</b>  |                  |             |
| Title of Activity:    | <b>Strengthening Public &amp; Private Sector Partnerships</b>    |                  |             |
| Date(s) of Activity:  | <b>Wednesday, March 26, 2014</b>                                 |                  |             |
| Time of Activity:     | <b>1:15 pm – 4:00 pm</b>   |                  |             |
| Location of Activity: | <b>Oakland City Hall, One Frank Ogawa, Oakland, CA</b>           |                  |             |

**Check Box For Each Session Attended:**

- Effective Representation of Public Entities in Public Contracting** (1:15 pm – 2:30 pm)
- Land Use & Environmental Law – Shaping Our Community** (2:45 pm – 4:00 pm)

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

|   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 1. Did this program meet your educational objectives?<br>Comments:                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were you provided with substantive written materials?<br>Comments:                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did the course update or keep you informed of your legal responsibilities?<br>Comments:            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the activity contain significant current professional content?<br>Comments:                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the environment suitable for learning (e.g., temperature, noise, lighting, etc.)?<br>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  
 Strengthening Public & Private Sector Partnerships  
 Wednesday, March 26, 2014

| <i>Please rate the instructor(s) on a scale of 1 to 5 (with 1 being Poor and 5 being Excellent):</i> |                                       |   |   |   |   |                                    |   |   |   |   |
|--|---------------------------------------|---|---|---|---|------------------------------------|---|---|---|---|
|  | <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: _____  |                                       |   |   |   |   |                                    |   |   |   |   |
| 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