



## 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 4th Annual CLE Marathon		
Date(s) of Activity:	Thursday, January 15, 2015		
Time of Activity:	12:30 pm – 4:50 pm		
Location of Activity:	One Kaiser Plaza, 22nd Floor, Oakland, CA		

**Check Box For Each Session Attended**

- Horizon Line - A Compassion Plays Production (12:30 – 2:00 pm)**
- Lawyers Who Drink Too Much (2:30 – 3:30 pm)**
- Blurred Lines: Ethical Considerations in the Representation of Individuals and Corporate Entities (3:50 – 4:50 pm)**

**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):**

	Overall Teaching Effectiveness					Knowledge of Subject Matter				
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 4th Annual CLE Marathon**  
Thursday, January 15, 2015

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Comments: _____										
Instructor's Name: _____	1	2	3	4	5	1	2	3	4	5
Subject Taught: _____										
Comments: _____										

Name of Participant: \_\_\_\_\_  
(optional)                      First    Last