



**ACTIVITY EVALUATION FORM
FOR CALIFORNIA MCLE**

Please complete and return to Provider

Please Print

Provider: Association of Corporate Counsel– San Diego Chapter, Provider No. 03693

Provider Telephone & Address: (619) 758-0795 4520 Hawley Blvd. #1, San Diego, CA 92116

Subject Matter/Title: _____

Date and Time of Activity: _____

Location: _____

Length of Activity: _____

Name of Participant (optional)

First Last

Directions: On a scale of 1-5 (5 being the highest, best or most and 1 being the least, lowest or worst) rate by circling the number reflecting your opinion.

To what extent were your personal objectives satisfied? - 5 4 3 2 1

Comments: _____

To what extent did the environment contribute to the learning experience? - 5 4 3 2 1

Comments: _____

To what extent did the written materials contribute to the learning experience? - 5 4 3 2 1

Comments: _____

To what extent were the objectives stated in the promotional literature or those stated at the beginning of the activity satisfied? - 5 4 3 2 1

Comments: _____

To what extent did the activity contain significant current intellectual or practical content? - 5 4 3 2 1

Comments: _____

Please rate the faculty on the same scale.

	Overall Teaching Effectiveness	Effectiveness of Teaching Methods	Sign. Current Practical or Intellectual Content
Instructor's Name: _____	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Subject/Topic: _____			
Comments: _____			
Instructor's Name: _____	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Subject/Topic: _____			
Comments: _____			
Instructor's Name: _____	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Subject/Topic: _____			
Comments: _____			