**ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE**

**Please complete and return to Provider by email at** **cwlc@cwlc.org****.**

Provider: California Women’s Law Center Provider Number: 2050

Provider Phone Number: (323) 951-1041

Provider Address: 360 N. Pacific Coast Highway, Ste. 2070, El Segundo, CA 90245

Title of Activity: [TITLE OF WEBINAR]

Date(s) of Activity: [DATE]

Time of Activity: [NUMBER OF HOURS AND CREDIT TYPE]

Location of Activity (Select one): Online

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**Directions: Please mark the appropriate box to indicate your evaluation of this course.** YES NO

1. Did this program meet your educational objectives? [ ] [ ]

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Did the environment have a positive influence on your learning experience? [ ] [ ]

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Were you provided with substantive written materials? [ ] [ ]

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Did the course update or keep you informed of your legal responsibilities? [ ] [ ]

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Did the activity contain significant current professional content? [ ] [ ]

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the faculty on a scale of 1 to 5 (1 being the lowest; 5 being the highest).**

 Overall Teaching Effectiveness of Significant Current

 Effectiveness Teaching Methods Knowledge of Subject

Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_ 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1

Comments:

Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1

Comments:

Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ 5 4 3 2 1 5 4 3 2 1 5 4 3 2 1

Comments:

**Name of Participant: \_**\_\_\_\_\_\_**\_\_\_\_ \_**\_\_\_\_\_\_**\_\_\_\_**

**Email: \_**\_\_\_\_\_\_**\_\_\_\_ State Bar Number: \_\_**\_**\_\_\_\_\_\_**

If you have questions, please feel free to email us at cwlc@cwlc.org.