ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to Provider (Please Print)						
Provider Name: Los Angeles Provider Number: 2065		s Copyrig	ht Soc	iety		
		ear in Review 2021				
Presenter: Professor						
-	Date(s) of Activity: January 12,		· · · · · · · · · · · · · · · · · · ·			
() _						
Location of Activity: Virtual – Via 2					,	
			omplot	ing the table below:		
Please indicate your evaluation of this course by completing the table below:						
QUESTION		Yes	No	COMMENTS		
Did this program meet your educational objectives?						
Were you provided with substantive written materials?						
Did the course update or keep you informed of your legal responsibilities?						
Did the activity contain significant professional content?						
Was the environment suitable for learning (e.g., temperature, noise, lighting, etc.)?						
Please rate the instructor(s) of the course below:						
			n a scale of 1 to 5, with 1 being Poor and being Excellent, please rate the items below			
Ov		Overall Teaching Effectiveness				
Kn			nowledge of Subject Matter			
Instructor's Name and Subject Taught 5 b			n a scale of 1 to 5, with 1 being Poor and being Excellent, please rate the items below			
		Overall T	Overall Teaching Effectiveness			
Knowledge				ubject Matter		
			n a scale of 1 to 5, with 1 being Poor and being Excellent, please rate the items below			
	Overall Teaching Effectiveness					
Knowledge of Subject Matter						