ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to Provider *Please Print*

Provider Name University of California, Berkeley, School of Law (Boalt Hall)
Provider Phone # (510) 643-6673
Provider Address University of California, School of Law, 303 Boalt Hall, Berkeley, CA 94720-7200
Title of Activity
Date of Offering *Site*
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?
Comments: _____ 5 4 3 2 1

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

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

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

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

Please rate the faculty on the same scale.

		Overall Teaching Effectiveness	Effectiveness of Teaching Methods	Significant Current Intellectual or Practical 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:	_____			