

ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to Provider (Please Print).

Provider: _____ Provider Number: _____

Provider Phone Number: _____

Provider Address: _____

Title of Activity: _____

Date(s) of Activity: _____

Time of Activity: _____

Location of Activity (City/State): _____

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	Effectiveness of Teaching Methods	Significant Current Knowledge of Subject
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: _____			
Name of Participant: _____			
(optional) First	_____	Last	