## Family Violence Appellate Project Provider Number: 17436

Title of Activity: 2014 Domestic Violence Case Law Location of Activity: Online Webinar

Organization (optional):					
County (optional):					
Date training viewed:					
Time training viewed:					
1. (Required) Are you an attorney? \ 2. For attorneys only: Activity Evalu			•		oage.
Question		Yes	No	Comments	
Did this program meet your educa objectives?	tional				
Were you provided with substanti- written materials?	ve				
Did the course update or keep you informed of your legal responsibili					
Did the activity contain significant professional content?					
Was the environment suitable for (e.g., temperature, noise, lighting,	•				
3. For attorneys only: Please rate t	he instruc	tor(s) o	of the co	ourse below (for California MC	LE)
Instructor's name and subject	On a scale of 1 to 5, with 1 being Poor and 5 being Rate 1-5				

Excellent, please rate the items below

Excellent, please rate the items below

On a scale of 1 to 5, with 1 being Poor and 5 being

Rate 1-5

Overall teaching effectiveness Knowledge of subject matter

Overall teaching effectiveness Knowledge of subject matter

PLEASE CONTINUE TO THE QUESTIONS ON THE NEXT PAGE

taught

taught

Instructor's name and subject

Name (optional):\_\_\_\_\_

4. Please rate your agreement or disagreement with the following statements (require
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	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree	Does Not Apply
I have more information about the training topic(s) after attending the training than I did before the training.						
The training was easily accessed and viewed.						
The information in the training was relevant to the unique needs of the community(ies) I serve/represent.						

Please elaborate on any	v of the above, if	vou wish (d	optional).
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<sup>5.</sup> Please share your suggestions for how FVAP could improve this training (Optional).