

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

Organization (optional): \_\_\_\_\_

County (optional): \_\_\_\_\_

Date training viewed: \_\_\_\_\_

Time training viewed: \_\_\_\_\_

**1. (Required) Are you an attorney? YES  NO  If NO, skip to Question 4 on back of this page.**

**2. For attorneys only: Activity Evaluation Form for California MCLE**

| 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.)? |     |    |          |

**3. For attorneys only: Please rate the instructor(s) of the course below (for California MCLE)**

|                                      |  |          |
|--------------------------------------|--|----------|
| Instructor's name and subject taught | On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below | Rate 1-5 |
|                                      | Overall teaching effectiveness   | _____    |
|                                      | Knowledge of subject matter  | _____    |
| Instructor's name and subject taught | On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below | Rate 1-5 |
|                                      | Overall teaching effectiveness   | _____    |
|                                      | Knowledge of subject matter  | _____    |

**PLEASE CONTINUE TO THE QUESTIONS ON THE NEXT PAGE**

**4. Please rate your agreement or disagreement with the following statements (required).**

|  | 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 of the above, if you wish (optional).**

**5. Please share your suggestions for how FVAP could improve this training (Optional).**