

**Family Violence Appellate Project**

**Title of Activity: How to Assist Clients in Laying a Record for Appeal and Avoid the Unauthorized Practice of Law**

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

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

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

Date: \_\_\_\_\_

**1. 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).**

**2. Please share your suggestions for how FVAP could improve this training (optional).**