

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).**