**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 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).**