

# ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please download, complete and return to training@fvaplaw.org

Provider Name: Family Violence Appellate Project

Provider Number: 17436

Title of Activity: "Parentage & the DVPA"

Date of Activity

Time of Activity

Location of Activity

Your name

Bar Number

Organization or Firm

County where you work

Please indicate your evaluation of this course by completing the questions below

Did this program meet  
your educational  
objectives?

Comments

Were you provided with  
substantive written  
materials?

Comments

Did the course update  
or keep you informed of  
your legal  
responsibilities?

Comments

Was the environment  
suitable for learning  
(e.g. temperature,  
noise, lighting, etc.)?

Comments

Please rate the instructor(s) of the course below.

Instructor's Name and  
Subject Taught

On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the two items below for this instructor

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 two items below for this instructor

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 two items below for this instructor

Overall Teaching  
Effectiveness

Knowledge of Subject  
Matter