



ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to the California Minority Counsel Program (Please Print)

Provider Name:	California Minority Counsel Program	Provider Number:	9949
Provider Address:	465 California Street, Suite 635, San Francisco, CA 94104		
Provider Phone #:	(415) 782-8990		
Title of Activity:	Leaders Create More Leaders - Leading and Developing Diverse Leaders In-House and in Law Firms		
Date(s) of Activity:	Wednesday, April 18, 2018		
Time of Activity:	6:00 pm – 7:00 pm		
Location of Activity:	555 South Flower Street, 50th Floor, Los Angeles, CA		

Please mark the appropriate box to indicate your evaluation of this course:

	YES	NO
1. Did this program meet your educational objectives? Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you provided with substantive written materials? * Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the course update or keep you informed of your legal responsibilities? Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the activity contain significant current professional content? Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the environment suitable for learning (e.g., temperature, noise, lighting, etc.)? Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>

* MCLE Written Materials are available online at www.cmcp.org/events

Please rate the instructor(s) on a scale of 1 to 5 (with 1 being Poor and 5 being Excellent):

	Overall Teaching Effectiveness					Knowledge of Subject Matter				
Instructor's Name:	1	2	3	4	5	1	2	3	4	5
Instructor's Name: Rasha Gerges Shields										
Subject Taught:										
Comments:										
Instructor's Name: Malissia R. Clinton										
Subject Taught:										
Comments:										
Instructor's Name: Angelo L. Primas Jr.										
Subject Taught:										
Comments:										
Instructor's Name: Aarti K. Wilson										
Subject Taught:										
Comments:										

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Wednesday, April 18, 2018

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	<u>Overall Teaching Effectiveness</u>	<u>Knowledge of Subject Matter</u>
Instructor's Name: _____	1 2 3 4 5	1 2 3 4 5
Subject Taught: _____		
Comments: _____		

Name of Participant:

(optional)

First

Last