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:	☐	☐
2. Were you provided with substantive written materials? * Comments:	☐	☐
3. Did the course update or keep you informed of your legal responsibilities? Comments:	☐	☐
4. Did the activity contain significant current professional content? Comments:	☐	☐
5. Was the environment suitable for learning (e.g., temperature, noise, lighting, etc.)? Comments:	☐	☐

* *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: **Rasha Gerges Shields** Subject Taught: Comments:	1 2 3 4 5	1 2 3 4 5
Instructor's Name: **Malissia R. Clinton** Subject Taught: Comments:	1 2 3 4 5	1 2 3 4 5
Instructor's Name: **Angelo L. Primas Jr.** Subject Taught: Comments:	1 2 3 4 5	1 2 3 4 5
Instructor's Name: **Aarti K. Wilson** Subject Taught: Comments:	1 2 3 4 5	1 2 3 4 5

(Continued)

465 CALIFORNIA ST | SUITE 635 | SAN FRANCISCO, CA 94104
phone (415) 782-8990 | fax (415) 477-2391 | www.cmcp.org

ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

(*continued)*

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Wednesday, April 18, 2018

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	Overall Teaching Effectiveness	Knowledge of Subject Matter
Instructor's Name:	1 2 3 4 5	1 2 3 4 5
Subject Taught:		
Comments:		

Name of Participant: _____ _____
(optional) First Last