

MCLE ACTIVITY EVALUATION FORM FOR CALIFORNIA

Please complete this and return to Provider

PROVIDER NAME: Appellate Defenders, Inc.

PROVIDER PHONE: (619) 696-0282

PROVIDER ADDRESS: 555 West Beech Street, Suite 300, San Diego, CA 92101

TITLE OF ACTIVITY: Meet Fourth DCA, Div One Associate Justice William Dato

DATE OF OFFERING: 10/3/17 SITE: Appellate Defenders, Inc., 555 West Beech St. SD

NAME OF PARTICIPANT:

(optional)

First

Last

Directions: On a scale of 1-5 (5 being the highest, best or most and 1 being the lowest, worst or least) rate by circling the number reflecting your opinion.

To what extent were your personal objectives satisfied?

Comments: _____ 5 4 3 2 1

To what extent did the environment contribute to the learning experience?

Comments: _____ 5 4 3 2 1

To what extent did the written materials contribute to the learning experience?

Comments: _____ 5 4 3 2 1

To what extent were the objectives stated in the promotional literature or those stated at the beginning of the activity satisfied?

Comments: _____ 5 4 3 2 1

To what extent did the activity contain significant current intellectual or practical content?

Comments: _____ 5 4 3 2 1

Please rate the faculty on the same scale