

# ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to Provider

Please Print

PROVIDER NAME	MCMANIS FAULKNER	
PROVIDER NUMBER	3573	
PROVIDER PHONE #	408.279.8700	
PROVIDER ADDRESS	50 WEST SAN FERNANDO STREET, SUITE 1000, 10 <sup>TH</sup> FLOOR, SAN JOSE, CA 95113	
TITLE OF ACTIVITY	STAR TREK: WHERE LAWYERS BOLDLY GO	
DATE OF OFFERING	JULY 21, 2016	
NAME OF PARTICIPANT	_____	
(OPTIONAL)	FIRST	LAST

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

**To what extent were your personal objectives satisfied?**

Comments: _____	1	2	3	4	5
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**To what extent did the environment contribute to the learning experience?**

Comments: _____	1	2	3	4	5
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**To what extent did the written materials contribute to the learning experience?**

Comments: _____	1	2	3	4	5
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**To what extent were the objectives states in the promotional literature or those stated at the beginning of the activity satisfied?**

Comments: _____	1	2	3	4	5
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**To what extent did the activity contain significant current intellectual or practice content?**

Comments: _____	1	2	3	4	5
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Please rate the faculty on the same scale.

	OVERALL TEACHING EFFECTIVENESS					EFFECTIVENESS OF TEACHING METHODS					SIGNIFICANT CURRENT INTELLECTUAL OR PRACTICAL CONTENT				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
INSTRUCTOR'S NAME: _____															
SUBJECT/TOPIC: _____															
COMMENTS _____															
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SUBJECT/TOPIC: _____															
COMMENTS _____															
INSTRUCTOR'S NAME: _____															
SUBJECT/TOPIC: _____															
COMMENTS _____															

Please Email to [josh@thelegalgeeks.com](mailto:josh@thelegalgeeks.com)