

ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE & LSMCLE

Please complete and return to Provider *(please print)*

Provider Name:_____ Provider Number:_____

Title of Activity:_____

Type of Activity: ☐ MCLE ☐ LSMCLE, please specify specialty area:_____

Date of Activity:_____ Time of Activity:_____

Location of Activity (City, State/Country/Remote):_____

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

Question	Yes	No	Comments
Did this program meet your educational objectives?	☐	☐	
Were you provided with substantive written materials?	☐	☐	
Did the course update or keep you informed of your legal responsibilities?	☐	☐	
Did the activity contain significant professional content?	☐	☐	
Was the environment suitable for learning (e.g., temperature, noise, lighting, etc.)?	☐	☐	

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 items below	Rate 1 – 5
	Overall Teaching Effectiveness	
	Knowledge of Subject Matter	

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