

**MCLE/CPE ACTIVITY EVALUATION FORM**

Please complete and return to Provider

Please Print

Provider Name Eversheds Sutherland (US) LLP

Provider Phone # 404-853-8362

Provider Address 999 Peachtree Street, NE, Suite 2300, Atlanta, GA 30309

Title of Activity \_\_\_\_\_

Date of Offering \_\_\_\_\_ Site \_\_\_\_\_

Name of Participant \_\_\_\_\_

(optional) First \_\_\_\_\_ Last \_\_\_\_\_

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

**Was the time allotted to this learning activity appropriate?**

Comments: \_\_\_\_\_

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

Comments: \_\_\_\_\_

**To what extent did the *physical facilities* contribute to the learning experience?**

Comments: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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

Comments: \_\_\_\_\_

**Did the activity contain significant current intellectual or practical content?**

Comments: \_\_\_\_\_

**To what extent did the technology used contribute to the learning experience?**

Comments: \_\_\_\_\_

Please rate the faculty on the same scale.

	Overall Teaching Effectiveness	Effectiveness of Teaching Methods	Significant Current Intellectual or Practical Content
Instructor's Name: _____			
Subject/Topic: _____			
Comments: _____			
Instructor's Name: _____			
Subject/Topic: _____			
Comments: _____			
Instructor's Name: _____			
Subject/Topic: _____			
Comments: _____			
Instructor's Name: _____			
Subject/Topic: _____			
Comments: _____			
Instructor's Name: _____			
Subject/Topic: _____			
Comments: _____			