

# WOMEN'S BAR ASSOCIATION OF THE STATE OF NEW YORK



## CONTINUING LEGAL EDUCATION (CLE) PROGRAM EVALUATION FORM

**[Program Name]**

**[Date of Program, Start Time of Program, End Time of Program]**

**[Location of Program]**

Please circle the number that best describes your rating of each question.

	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
1. How would you rate the overall content of the program?	1	2	3	4
2. How would you rate the written materials of the program?	1	2	3	4
3. To what extent did the program fulfill the following objectives?				
a. Present the information you wanted	1	2	3	4
b. Provide answers to your questions	1	2	3	4
c. Provide you with knowledge or new skills	1	2	3	4
4. Please rate the speakers regarding content of presentation and ability to present subject material				
[speaker name]	1	2	3	4
[speaker name]	1	2	3	4
[speaker name]	1	2	3	4
[speaker name]	1	2	3	4
5. How would you rate the facility for this course?	1	2	3	4
6. How would you rate the technology use for this course?	1	2	3	4

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6. What month and year were you admitted to the New York bar? \_\_\_\_\_
7. What is your primary area(s) of practice? \_\_\_\_\_
8. How did you learn of this program? \_\_\_\_\_
9. What changes would you recommend if this program were presented again? \_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**- Please complete this form and return it to the registration desk -**