**ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE**

***Please complete and return to Provider (Please Print)***

Provider Name: People with Disabilities Foundation\_  Provider Number: 10530

Title of Activity: **Disability Discrimination Lawsuits**: Ensuring Equal Access to Advocacy for Clients with Mental and/or Developmental Disabilities

Date(s) of Activity: March 12, 2015

Time of Activity: 10:30 a.m. - 12:00 pm PST

Location of Activity: San Francisco, CA (Live-Stream Self-Study)

**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  |  |