

# 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: Reasonable Accommodations in Housing for People With Psychiatric and/or Developmental Disabilities

Date(s) of Activity: October 6, 2015

Time of Activity: 1:00 pm - 4:00 pm

Location of Activity: San Francisco, CA

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

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

**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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