



**ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE**

*Please complete and return to the California Minority Counsel Program (Please Print)*

Provider Name:	<b>California Minority Counsel Program</b>	Provider Number:	<b>9949</b>
Provider Address:	<b>465 California Street, Suite 635, San Francisco, CA 94104</b>		
Provider Phone #:	<b>(415) 782-8990</b>		
Title of Activity:	<b>Tell Me Your Name: Stories and Insights on Race, Culture and Identity</b>		
Date(s) of Activity:	<b>Tuesday, September 26, 2017</b>		
Time of Activity:	<b>6:00 pm - 7:00 pm</b>		
Location of Activity:	<b>560 Mission Street, 20th Floor, San Francisco, CA</b>		

*Please mark the appropriate box to indicate your evaluation of this course:*

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

\* MCLE Written Materials are available online at [www.cmcp.org/events](http://www.cmcp.org/events)

***Please rate the instructor(s) on a scale of 1 to 5 (with 1 being Poor and 5 being Excellent):***

	<u>Overall Teaching Effectiveness</u>					<u>Knowledge of Subject Matter</u>				
Instructor's Name:	1	2	3	4	5	1	2	3	4	5
Instructor's Name: <b>Irma Herrera</b>										
Subject Taught: <b>Insights on Race, Culture, Identity</b>										
Comments:										

Name of Participant: \_\_\_\_\_  
 (optional) First Last