



Evaluation Form

Course Title: _____

Date: _____

Time: _____

Location/Method of Delivery: _____

Provider Name: Baker & McKenzie LLP

Provider Contact: CLE Support Team
CLEAdmin@bakermckenzie.com

Name of Participant (optional): _____

On a scale of 1-5 (5 being the highest, best or most, and 1 being the least, lowest or worst), please circle the number that best reflects your opinion:

1) To what extent were your personal objectives satisfied?

5 4 3 2 1

Comments: _____

2) What is your overall rating of the program?

5 4 3 2 1

Comments: _____

3) To what extent did the environment (format and venue) contribute to your learning experience?

5 4 3 2 1

Comments: _____

4) For seminars presented in nontraditional formats (e.g., webinars), or those live programs containing audio/video components, how would you rate the quality of the technology?

5 4 3 2 1

Comments: _____

5) To what extent did the written materials contribute to the learning experience? How would you rate the quality of the written materials?

5 4 3 2 1

Comments: _____

6) To what extent were the objectives stated in the promotional literature or at the beginning of the course satisfied?

5 4 3 2 1

Comments: _____

Baker McKenzie.

7) To what extent did the activity contain significant and current intellectual/practical content?

5 4 3 2 1

Comments:

8) Which parts of the program did you find to be the most helpful?

9) Any general comments:

Please rate the speakers on the same scale:

	Overall Teaching Effectiveness	Effectiveness of Training Methods	Significant Intellectual / Practical Content
Speaker:	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Speaker:	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Speaker:	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Speaker:	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Speaker:	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Speaker:	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Speaker:	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Speaker:	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Speaker:	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Comments:			