

ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to Provider

PLEASE PRINT

Provider Name <u>SAN DIEGO BANKRUPTCY FORUM</u>	
Provider Address <u>401 W. "A" Street, Suite 2500, San Diego, CA 92101</u>	
Provider Phone Number <u>(619) 595-4236</u>	
Title of Activity <u>The "Automatic Stay": A High Level View Focusing on Recent Case Law and Strategic Tips</u>	
Date of Offering: <u>8/13/2020</u> Site: <u>Zoom Webinar</u>	
Name of Participant (optional) _____ <div style="display: flex; justify-content: space-around; width: 100%;"> First Last </div>	

Directions: On a scale of 1-5 (5 being the highest, best or most and 1 being the least, lowest or worst) rate by circling the number reflecting your opinion.

To what extent were your personal objectives satisfied?	5	4	3	2	1
Comments: _____					
To what extent did the environment contribute to the learning experience?	5	4	3	2	1
Comments: _____					
To what extent did the written materials contribute to the learning experience?	5	4	3	2	1
Comments: _____					
To what extent were the objectives stated in the promotional literature or those stated at the beginning of the activity satisfied?	5	4	3	2	1
Comments: _____					
To what extent did the activity contain significant current intellectual or practical content?	5	4	3	2	1
Comments: _____					

Please rate the faculty on the same scale.

Instructor's Name _____	Overall Teaching Effectiveness						Effectiveness of Teaching Methods						Significant Current Intellectual or Practical Content				
	5	4	3	2	1		5	4	3	2	1		5	4	3	2	1
Subject/Topic _____																	
Comments: _____																	
Instructor's Name _____	5	4	3	2	1		5	4	3	2	1		5	4	3	2	1
Subject/Topic _____																	
Comments: _____																	
Instructor's Name _____	5	4	3	2	1		5	4	3	2	1		5	4	3	2	1
Subject/Topic _____																	
Comments: _____																	

PROVIDER NO: 2815