

## Speaker Evaluation Form

**Course Title:**

**Date of Course:**

**Location:**

**CLE Credits:**

**CLE Category:**

Please circle the number that best describes your rating of each question.

|   | Excellent | Good | Average | Poor |
|---|-----------|------|---------|------|
| 1. How would you rate the overall content of the program?   |           |      |         |      |
| 2. How would you rate the written materials of the program?   |           |      |         |      |
| 3. To what extent did the program fulfill the following objectives?<br>a. Present the information you wanted<br>b. Provide answers to your questions<br>c. Provide you with knowledge or new skills |           |      |         |      |
| 4. Please rate the speakers regarding content of presentation and ability to present subject material<br>Speaker 1<br>Speaker 2<br>Speaker 3<br>Speaker 4   |           |      |         |      |
| 5. How would you rate the facility for this course?   |           |      |         |      |
| 6. What month and year were you admitted to the New York bar?   |           |      |         |      |
| 7. What is your primary area(s) of practice?  |           |      |         |      |
| 8. How did you learn of this program?   |           |      |         |      |
| 9. What changes would you recommend if this program were presented again?   |           |      |         |      |
| Comments:   |           |      |         |      |

Please complete this form and return it to Debra Burg: [dburg@law.pace.edu](mailto:dburg@law.pace.edu)