

CLE WEB CONFERENCE EVALUATION FORM

| Name (Optional): | | | | | Date: | | |
|--|---------------|---------------------|------------------|----------------|---------|------------|----------|
| Name of Course: | | | | l | I | | |
| Location: | | | Addre | ss: | | | |
| When complete, plea | ase return th | is completed forn | n to the NAM rep | resentative at | the con | clusion of | the CLE. |
| | | ren e e dana de ren | . 1 | | | | |
| Sponsor: NAM (Natio | | | n) | | | | |
| When: [Day, Month, | Date, Year] | | | | | | |
| Format: Web Confer | ence Presen | tation | | | | | |
| Course Evaluation: Evaluate this course I | by placing a | check in the appro | opriate box. | | | | |
| | | Excellent | Good | Fair | | Poor | N/A |
| Program Content | | | | | | | |
| Instructor Quality Written Materials | | | | | | | |
| Facility | | | | | | | |
| Effectiveness of Tech | hnology | | | | | | |
| Use the space below | w and the k | ack for addition | al comments. | | | | |
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