

ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to Provider:

PLEASE PRINT

Provider Name LOS ANGELES COPYRIGHT SOCIETY

Provider Address c/o 500 S. Buena Vista Street, Burbank, CA 91251-0165

Shoot The Messenger

Date of Offering: June 9, 2010

Site: **Sony Pictures**

Name of Participant (optional) _____

First

Last

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 material 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: _____

| | <i>Overall Teaching Effectiveness</i> | <i>Effectiveness of Teaching Method</i> | <i>Significant Current Intellectual or Practical Content</i> |
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|---|-----------|-----------|-----------|
| Instructor's Name: Doug Lichtman | 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: _____