

APPELLATE DIVISION, FIRST DEPARTMENT

CLE EVALUATION FORM

Online Format

Program Title: \_\_\_\_\_

Date of Original Program: \_\_\_\_\_

Your views about this program are important and will help to improve future trainings. Please answer the following questions and feel free to make additional comments.

Your overall knowledge of the topic(s) covered

Before this training: 1 2 3 4 5

After this training: 1 2 3 4 5

What do you consider the most valuable "take-away" from this class?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you think the speaker(s) demonstrated a thorough knowledge of this area:

Yes  No  Other

Explain: \_\_\_\_\_  
\_\_\_\_\_

The presenter(s) were:

excellent  excellent  excellent  
 good  good  good  
 fair  fair  fair  
 poor  poor  poor

Was the program was well-organized:

Yes  No  Other

Explain: \_\_\_\_\_  
\_\_\_\_\_

Will the information presented, including the materials be:

very useful  of some use  not much use

If so, how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Overall, this session was:

excellent  good  fair  poor

Additional comments and/or suggestions for future programs:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN THIS FORM WITH THE ATTORNEY AFFIRMATION TO

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