

Appellate Division

Second Judicial Department

NEW YORK STATE CONTINUING LEGAL EDUCATION PROGRAM

Provider: Appellate Division, Second Judicial Department
Activity/Title: Transitional Continuing Legal Education - Orientation to the Profession
Method: On-line video
Date Program Completed: _____

PROGRAM EVALUATION FORM

Name: (optional) _____

1. My expectations in viewing this session were achieved:
 completely adequately
 inadequately not at all

2. The information presented, including handouts, was/will be:
 very useful to me
 of some use to me
 not of much use to me

3. The amount of information presented was:
 more than enough sufficient
 too little not enough

4. The presenter(s) was/were:
 excellent very good
 good fair

5. Overall, this session was:
 excellent
 very good
 good
 fair
 poor

Additional Comments: _____

Please mail, fax, or email to:
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