

PROGRAM EVALUATION FORM

Title of Video Program: _____

Date of Original LIVE Program: _____

Name (optional): _____

How long have you been an attorney for children? _____

Primary County? _____

Please rate the program in terms of:

Speaker:	Excellent	Good	Average	Fair	Poor

	Excellent	Good	Average	Fair	Poor
PROGRAM CONTENT					
INSTRUCTOR QUALITY					
MATERIALS					
ASSISTANCE IN YOUR WORK					
ADMINISTRATION					
TECHNOLOGY					

Comments: _____

Suggestions for Future Topics and Speakers
