



CLIFFORD LAW OFFICES

CONTINUING LEGAL EDUCATION PROGRAM

Course Evaluation Form

Please complete and return to the Course Provider

Title of Course The Path to Lawyer Well Being & Conscious Inclusion

Date of Course 02/21/2019 Location Chicago, IL

Name of Attorney Participant (optional) _____

Directions: On a scale of 1 to 5 (5 being the highest or best and 1 being the lowest or worst), please rate the program:

Rate how well this course satisfied your personal objectives. 5 4 3 2 1

Comments: _____

Rate how well the environment contributed to the learning experience. 5 4 3 2 1

Comments: _____

Rate how well the written materials contributed to the learning experience. 5 4 3 2 1

Comments: _____

Rate the level of significant intellectual, educational or practical content. 5 4 3 2 1

Comments: _____

Please rate the faculty using the same 1 – 5 scale:															
	Overall Teaching Effectiveness					Effectiveness of Teaching Methods					Significant Current Intellectual or Practical Content				
	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Instructor's Name: <u>Robert Clifford</u>															
Subject/Topic: _____															
Comments: _____															
	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Instructor's Name: <u>Robin Belleau</u>															
Subject/Topic: _____															
Comments: _____															
	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Instructor's Name: <u>James Faught</u>															
Subject/Topic: _____															
Comments: _____															
	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Instructor's Name: <u>Judge Wright</u>															
Subject/Topic: _____															
Comments: _____															
	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Instructor's Name: <u>Tracy Kepler</u>															
Subject/Topic: _____															
Comments: _____															

	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Instructor's Name: <u>Karen Munoz</u>															
Subject/Topic: _____															
Comments: _____															
Instructor's Name: <u>Judge Donnelly</u>															
Subject/Topic: _____															
Comments: _____															
Instructor's Name: <u>Cunyon Gordon</u>															
Subject/Topic: _____															
Comments: _____															
Instructor's Name: <u>Josie Gough</u>															
Subject/Topic: _____															
Comments: _____															
Instructor's Name: <u>Allison Wood</u>															
Subject/Topic: _____															
Comments: _____															

Please check the following boxes that apply to your experience of the program:

Your knowledge increased as a result of the course.

Your professional behavior will change as a result of the course.

Your job performance will improve as a result of the course.