

ASSOCIATION OF LEGAL ADMINISTRATORS

_____ **CHAPTER**

INDIVIDUAL SESSION EVALUATION FORM

Directions: As a session participant, you can assist in the evaluation of different aspects of this educational activity. For each presenter, circle the number that best reflects the extent of your agreement with each statement. At the conclusion of the program, please return this form to the program coordinator. Thank you!

SESSION: _____ DATE: _____

SPEAKER: _____

Please indicate your reaction to the following items:

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The presentation was clear and to the point.....	1	2	3	4
2. The presenter was effective.....	1	2	3	4
3. The handouts and/or visual aids were relevant and contributed to my learning.....	1	2	3	4
4. The session content was relevant to my work.....	1	2	3	4
5. I gained new insight relevant to my work.....	1	2	3	4

List specific highlights of this session.

What topics/issues/instructors would you recommend for future presentations?

<input type="checkbox"/> Member	<input type="checkbox"/> Non-Member	Position/Title _____
# of Years in Position:	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> 6 - 10
	<input type="checkbox"/> 11 - 15	<input type="checkbox"/> 16-20
	<input type="checkbox"/> 20+	
Academic Preparation:	<input type="checkbox"/> BS/BA	<input type="checkbox"/> MS/MA/MBA
	<input type="checkbox"/> JD/LLB	<input type="checkbox"/> EdD/PhD
	<input type="checkbox"/> CPA	<input type="checkbox"/> CLM
	<input type="checkbox"/> Other _____	
Number of attorneys in the office where I work:	<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-20
	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31-45
	<input type="checkbox"/> 46-74	<input type="checkbox"/> 75-199
	<input type="checkbox"/> 200-299	<input type="checkbox"/> 300+

PLEASE RETURN THIS FORM TO THE CHAPTER'S PROGRAM COORDINATOR.