



Garden State CLE  
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**Video Course Evaluation Form**

Name: \_\_\_\_\_ Show ID: \_\_\_\_\_ PA ID: \_\_\_\_\_

Course Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please Circle the Appropriate Answer**

Instructors:                      Poor                      Satisfactory                      Good                      Excellent

Materials:                      Poor                      Satisfactory                      Good                      Excellent

CLE Rating:                      Poor                      Satisfactory                      Good                      Excellent

**Required:** Secret words that appeared on the screen during the seminar.

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

What did you like most about the seminar?

\_\_\_\_\_

What criticisms, if any, do you have?

\_\_\_\_\_

I certify that I watched, in its entirety, the above-listed CLE Course.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In order to receive your CLE credits, please send our payment and this completed form to Garden State CLE, 2000 Hamilton Avenue, Hamilton, New Jersey, 08619.