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OFFICE USE ONLY

Show ID: _____
 Credits: _____
 PA: _____
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Video Course Evaluation Form

Name: _____ PA ID (If applicable): _____

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 _____