Please complete and return to Provider at [pbti@lafla.org](mailto:pbti@lafla.org) (Please Print).

|  |  |
| --- | --- |
| Provider: OneJustice | Provider Number: 1834 |
| Provider Phone Number: 415-834-0100 | |
| Provider Address: 433 California Street, Suite 815, San Francisco, CA 94104 | |
| Title of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date(s) of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Time of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Location of Activity (City/State): Online at pbtraining.org | |

***Directions: Please mark the appropriate box to indicate your evaluation of this course:***

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| 1. Did this program meet your educational objectives?   Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] | [ ] |
| 1. Did the environment have a positive influence on your learning experience?   Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] | [ ] |
| 1. Were you provided with substantive written materials?   Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] | [ ] |
| 1. Did the course update or keep you informed of your legal responsibilities?   Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] | [ ] |
| 1. Did the activity contain significant current professional content?   Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] | [ ] |

***Please rate the faculty on a scale of 1 to 5 (1 being the lowest; 5 being the highest)***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Overall Teaching Effectiveness | Effectiveness of Teaching Methods | Significant Current Knowledge |
| Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| Instructor’s Name:  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| Instructor’s Name:  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |
| Instructor’s Name:  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5 4 3 2 1 | 5 4 3 2 1 | 5 4 3 2 1 |