



## CLE PROGRAM EVALUATION FORM

<b>Name (Optional):</b>		<b>Date:</b>	
<b>Name of Course:</b>			
<b>Location: (if applicable)</b>		<b>Address: (if applicable)</b>	

Please return this completed form to Sharon Pedersen at [spedersen@namadr.com](mailto:spedersen@namadr.com)

**Sponsor:** NAM (National Arbitration and Mediation)

**Date of Program:** \_\_\_\_\_

**Format:**     Traditional Live Classroom     Pre-Recorded Video     Fully Interactive Video Conference  
                    Live Simultaneous Transmission/Webinar (Web-Conference)

**Course Evaluation:** *Evaluate this course by placing a check in the appropriate box.*

	Excellent	Good	Fair	Poor	N/A
<i>Program Content</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Instructor Quality</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Written Materials</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Effectiveness of Technology - (if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Facility - (if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use the space below for additional comments.