

ACTIVITY EVALUATION FORM and CONFIRMATION OF PARTICIPATORY MCLE CREDIT

Internal use only

Name of attendee (Print): _____

Date received: _____

Registered participants who log in at the time of the live session program and view the program in its entirety may receive 1.0 hrs. of participatory MCLE credit. To claim participatory MCLE credit, participants must return this form, with their printed name, signature, and Bar number. By signing this form, each participant is confirming that they have registered, logged in, and viewed this live session in its entirety. Please return this completed form to Kyla Asbell at kasbell@csba.org no later than **October 24, 2022**. **Forms returned after October 24, 2022 will not be accepted.**

Signature to Claim 1.0 Hrs. of MCLE Credit: _____ Bar Number: _____

Provider Name: California Council of School Attorneys Provider Number: 1641

Title of Activity: 2022 CCSA Virtual Fall Workshop Live Session –Cannabis on Campus

Date(s) of Activity: Friday, September 23, 2022

Time of Activity: 9:00 a.m. – 10:00 a.m. (60 minutes)

Location of Activity: N/A

Please indicate your evaluation of this course by completing the table below

question	yes	no	comments
Did this program meet your educational objectives?	<input type="checkbox"/>	<input type="checkbox"/>	
Were you provided with substantive written materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the course update or keep you informed of your legal responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the activity contain significant professional content?	<input type="checkbox"/>	<input type="checkbox"/>	

Please rate the instructor(s) of the course below

Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
Michael Davis	Overall Teaching Effectiveness	
	Knowledge of Subject Matter	
Comments:		