

Attendance Verification and Evaluation Form - On-Demand

Course Title: _____

Viewed Date: _____ **Start Time:** _____ **End Time:** _____

I certify that I have listened to the above course in its entirety. Therefore, I request that I be awarded the applicable number of CLE credits for this course.

The verification code announced was: _____

I am seeking CLE credit in _____. Credit for this program has been awarded in the following states: IL, CA, NJ, NY, and TX.

Print Name

Bar Number

Signature of Attorney

E-mail Address

1. PRESENTERS:

On a scale of 1 to 5 (5 being the highest or best and 1 being the lowest or worst), please rate the presenters:

The presenter(s) was well prepared for the course: _____
The presenter(s) answered questions carefully and completely: _____
The presenter(s) made the course material interesting _____
The presenter(s) was knowledgeable about the topics presented in the course _____

2. COURSE:

On a scale of 1 to 5 (5 being the highest or best and 1 being the lowest or worst), please rate the course:

Overall Rating of the Course _____
The difficulty level of the course was appropriate _____
The written materials support the presentation _____
The content of the course was relevant to my practice _____
The program was an appropriate length of time _____
The quality of the recording _____

Comments and Feedback:

