



ASSOCIATION OF LEGAL ADMINISTRATORS

CHAPTER

INDIVIDUAL SESSION EVALUATION FORM

Directions: As a session participant, you can assist in the evaluation of different aspects of this educational activity. For each presenter, circle the number that best reflects the extent of your agreement with each statement. At the conclusion of the program, please return this form to the program coordinator. Thank you!

SESSION: _____ DATE: _____

SPEAKER: _____

Please indicate your reaction to the following items:

Table with 5 columns: Item description, Strongly Disagree, Disagree, Agree, Strongly Agree. Rows include: 1. The presentation was clear and to the point, 2. The presenter was effective, 3. The handouts and/or visual aids were relevant and contributed to my learning, 4. The session content was relevant to my work, 5. I gained new insight relevant to my work.

List specific highlights of this session.

Three horizontal lines for listing session highlights.

What topics/issues/instructors would you recommend for future presentations?

Three horizontal lines for recommending future presentations.

Demographic information section with checkboxes for Member/Non-Member, Position/Title, # of Years in Position, Academic Preparation, and Number of attorneys in the office.

PLEASE RETURN THIS FORM TO THE CHAPTER'S PROGRAM COORDINATOR.