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>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The presentation was clear and to the point.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. The presenter was effective.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. The handouts and/or visual aids were relevant and contributed to my learning.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. The session content was relevant to my work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I gained new insight relevant to my work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

List specific highlights of this session.
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

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

☐ Member ☐ Non-Member Position/Title __________________________
# of Years in Position: ☐ 1 - 5 ☐ 6 - 10 ☐ 11 - 15 ☐ 16 - 20 ☐ 20+
Academic Preparation: ☐ BS/BA ☐ MS/MA/MBA ☐ JD/LLB ☐ EdD/PhD ☐ CPA ☐ CLM ☐ Other ______
Number of attorneys in the office where I work: ☐ 1-10 ☐ 11-20 ☐ 21-30 ☐ 31-45 ☐ 46-74 ☐ 75-199 ☐ 200-299 ☐ 300+

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