AMERICAN IMMIGRATION LAWYERS ASSOCIATION

TITLE OF SEMINAR: _____

DATE OF SEMINAR: _____

PLEASE PRINT

PROVIDER NAME American Immigration Lawyers Association
PROVIDER PHONE# (202) 507-7600
PROVIDER ADDRESS Suite 300, 1331 G Street, Washington, DC 20005

NAME OF PARTICIPANT (*OPTIONAL*) _____

DIRECTIONS: *ON A SCALE OF 1-5 (5 BEING THE HIGHEST, BEST OR MOST AND 1 BEING THE LEAST, LOWEST OR WORST) RATE BY CIRCLING THE NUMBER REFLECTING YOUR OPINION.*

5 4 3 2 1

To what extent were your personal objectives satisfied?
Comments: _____ ☐☐☐☐☐

To what extent did the environment contribute to the learning experience?
Comments: _____ ☐☐☐☐☐

To what extent did the written materials contribute to the learning experience?
Comments: _____ ☐☐☐☐☐

To what extent were the objectives stated in the promotional literature or those stated at the beginning of the activity satisfied?
Comments: _____ ☐☐☐☐☐

To what extent did the activity contain significant current intellectual or practical content?
Comments: _____ ☐☐☐☐☐

PLEASE RATE THE FACULTY ON THE SAME SCALE.

	Overall Teaching Effectiveness	Effectiveness of Teaching Method	Significant Current Intellectual or Practical Content
	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Instructor's Name: Comments:	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐
Instructor's Name: Comments:	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐
Instructor's Name: Comments:	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐
Instructor's Name: Comments:	☐☐☐☐☐	☐☐☐☐☐	☐☐☐☐☐

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