

Spokane County Bar Association
SEMINAR EVALUATION FORM
SOLO SMALL BUSINESS CLE
February 20, 2025

We want every program we offer to meet or exceed your expectations -- and more importantly -- to provide information useful to your practice. This form helps us measure our success in meeting those goals and enlists your input in setting future goals. Please take a few minutes and let us know how we are doing?

THANK YOU!

1. Bar #: _____ 2. Years in practice: _____
3. Primary areas of practice: #1. _____ #2. _____ #3. _____
4. The size of your firm or department? ☐ Sole Pract. ☐ 2-10 ☐ 11-20 ☐ 21-30 ☐ 31 or more
5. In regards to the registration fee, do you think the price was: ☐ Expensive ☐ Fair ☐ Inexpensive
6. How much per credit hour do you think you should pay for CLEs?: _____
7. Please give your opinion of the course materials: ☐ Excellent ☐ Good ☐ Average ☐ Poor
8. If you rated "2" or less for a speaker, identify the speaker and why you gave the rating. . . .

9. Any problems with the meeting location?: ☐ Noise ☐ Lighting ☐ Temperature ☐ Parking ☐ Beverage/Food Svc.
Comments: _____
10. Additional comments on the usefulness of the program: _____

11. How could we improve this seminar? _____

12. Which days of the week do you prefer to attend CLE seminars? _____
13. What length seminar do you prefer? More than one day ☐ One full day ☐ 1/2 day ☐ 1-2 Hr. ☐
14. What topics would you like to see presented at future seminars? (Include the level of subject matter -- basic to advanced, case and statutes, skills training courses, etc.) _____

15. Are you interested in speaking at a future seminar? _____
If so, provide topic of discussion. _____

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Seminar Evaluation Form Continued

16. Please rate the speakers/topics you heard by circling the appropriate number. (*We encourage you to add written comments*)

(7-Excellent 6-Very Good 5-Good 4-Average 3-Fair 2-Poor 1-Very Poor)

Content

Organization

Delivery

LISA DICKINSON

7 6 5 4 3 2 1

7 6 5 4 3 2 1

7 6 5 4 3 2 1

Comments: _____

MATT ALBRECHT

7 6 5 4 3 2 1

7 6 5 4 3 2 1

7 6 5 4 3 2 1

Comments: _____

Your Name: _____

Phone: _____ Fax: _____

E-Mail: _____

NOTE: To receive proper credit for seminar attendance, the registration fee must be paid in advance or at the door. **You will not receive accreditation until the registration fee has been paid.** Please return this form to the registrar at the end of the seminar or mail to:

Spokane County Bar Association, CLE Department
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Spokane, Washington 99260-0030
MWardrop@SpokaneBar.org