

**Spokane County Bar Association
SEMINAR EVALUATION FORM**

**Spokane County Title 11 Court Visitor Training
Initial Certification Agenda
October 27, 2022**

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

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

9. How could we improve this seminar? _____

10. 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.)

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

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Seminar Evaluation Form Continued

12. 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
BILL DODGE	7 6 5 4 3 2 1	7 6 5 4 3 2 1	7 6 5 4 3 2 1

Comments: _____

BRENT STANYER	7 6 5 4 3 2 1	7 6 5 4 3 2 1	7 6 5 4 3 2 1
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Comments: _____

SHARON SAITO	7 6 5 4 3 2 1	7 6 5 4 3 2 1	7 6 5 4 3 2 1
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Comments: _____

CATHERINE KARDONG	7 6 5 4 3 2 1	7 6 5 4 3 2 1	7 6 5 4 3 2 1
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Comments: _____

KELLY MOORE	7 6 5 4 3 2 1	7 6 5 4 3 2 1	7 6 5 4 3 2 1
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Comments: _____

ANDERSON/FORTSON	7 6 5 4 3 2 1	7 6 5 4 3 2 1	7 6 5 4 3 2 1
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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
 1116 West Broadway Avenue, 4th Floor Annex
 Spokane, Washington 99260-0030
MWardrop@SpokaneBar.org