

**Appellate Division**

*Second Judicial Department*

**NEW YORK STATE CONTINUING LEGAL EDUCATION PROGRAM**

**Provider:** Appellate Division, Second Judicial Department  
**Activity/Title:** Transitional Continuing Legal Education - Orientation to the Profession  
**Method:** On-line video  
**Date Program Completed:** \_\_\_\_\_

**PROGRAM EVALUATION FORM**

**Name:** (optional) \_\_\_\_\_

1. My expectations in viewing this session were achieved:  
 completely             adequately  
 inadequately         not at all
  
2. The information presented, including handouts, was/will be:  
 very useful to me  
 of some use to me  
 not of much use to me
  
3. The amount of information presented was:  
 more than enough     sufficient  
 too little               not enough
  
4. The presenter(s) was/were:  
 excellent               very good  
 good                     fair
  
5. Overall, this session was:  
 excellent  
 very good  
 good  
 fair  
 poor

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please mail, fax, or email to:**  
Office of the Committees and Character and Fitness  
350 Adams Street, Suite 2404, Brooklyn, NY 11201  
email: AD2CCF@nycourts.gov  
fax #: 718-624-5258