

STUDENT EVALUATION FORM

Please print legibly or type all responses.

Student Name _____ Expected Date of Graduation _____

Student Phone Number _____ Student Email Address _____

Name of Organization / Placement Site _____

Name of Supervisor / Supervising Attorney _____ Supervisor's Title _____

Total Hours Completed for this Service _____ Date(s) of Service _____

1. Please evaluate your experience:	Poor	Satisfactory	Excellent
Quality of assignment(s)	1	2	3
Quality of training	1	2	3
Quality of supervision	1	2	3
Value or impact to the community	1	2	3
Educational or professional value to you	1	2	3

2. As a result of this service project (check all that apply):
- I am more likely to do pro bono work when I am a lawyer.
 - I am more likely to do community work when I am a lawyer.
 - I learned substantive law.
 - I improved my legal skills (including: research, writing, interviewing, negotiating).
 - I was able to explore possible career paths.
 - I provided services to an underserved population.

3. I would recommend this project to other students. Yes _____ No _____
If no, please explain: _____

4. General comments about the strengths and weaknesses of this placement:

5. What was most meaningful to you about this experience?

6. Suggestions for improvement/other comments.

Thank you for completing this form. Please return to the Public Interest Programs.