EVALUATION OF STUDENT FORM

Student’s name:

Office Placement:

Supervising Attorney(s):

Date:

I. Please describe briefly the types of legal tasks, assignments or other activities performed by this student.

II. Did the student perform his/her assignments satisfactorily? Please Explain.

III. Did the student spend the required amount of time (130 hours for 3 credits/180 hours for 4 credits) at your office?

   _______yes _______no

IV. Please evaluate the student’s performance in the following areas as applicable:
   a. Research Skills: _____poor _____fair _____good _____excellent
   b. Written Work: (Y/N) _____concise? _____organized? _____effective?
   c. Oral Advocacy: (Y/N) _____persuasive _____logical _____N/A
   d. Was the student able to grasp legal and factual issues? _____yes _____no
   e. Was the student sufficiently prepared? _____yes _____no
V. General comments or suggestions regarding the student’s performance.

VI. General comments or suggestions regarding the internship program.

Reviewed by: ______________________________  ______________________________
                        Student Signature            Supervising Attorney Signature