Student Evaluation

Name ______________________________________ Month/Year of Graduation __________________

Organization where you worked: ____________________________________________________________

Date you started: ___/___/____ Date you ended: ___/___/____ Will you continue? Y / N

Typical number hours per week: ______ Total hours at this agency: ______

NATURE OF THE WORK  Types of work you did and the areas of law encountered:
__________________________________________________________________________________________________________________________________________________

PLEASE RANK YOUR EXPERIENCE, CIRCLING THE APPROPRIATE NUMBER

<table>
<thead>
<tr>
<th>Poor</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
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<td>3</td>
<td>4</td>
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</tbody>
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Quality of assignments given to you?
Quality of training and supervision?
Overall working conditions?
Educational or professional value to you?
Overall, how strongly do you recommend this experience to other students?
Overall, how was your experience?

PLEASE LIST ONE OR MORE STRENGTHS AND WEAKNESSES OF YOUR EXPERIENCE:
__________________________________________________________________________________________________________________________________________________

WHAT WAS MOST MEANINGFUL TO YOU ABOUT THIS EXPERIENCE?
__________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________

Signature of Student ___________________________ Date ___________________________

Telephone # ___________________________ Email Address ___________________________

1L 2L 3L circle your class year