

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

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

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