



# Student Evaluation of Pro Bono Placement

Student Name \_\_\_\_\_

Name and Address of Placement \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Date of Placement \_\_\_\_\_

Name and Title of Supervising Attorney \_\_\_\_\_

What did you gain from this work experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the training adequate for the tasks you performed? \_\_\_\_\_

How was the supervising attorney responsive to your needs and concerns? \_\_\_\_\_

\_\_\_\_\_

Would you recommend this placement to other Touro students? \_\_\_\_\_ Why? \_\_\_\_\_

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Do you have any suggestions for improving this placement experience? \_\_\_\_\_

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\_\_\_\_\_

Comments \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_