

**TOURO LAW CENTER
CIVIL PRACTICE COMPLETION CERTIFICATE**

Student: _____ Semester/Year: _____

Name of Supervisor: _____

Office and Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Has the student completed at least 168 hours for the externship? _____yes _____no

If the student has not completed the required hours, please provide an explanation and an outline of the plans for the completion of the hours: _____

Description of the student's duties and responsibilities: _____

Was the student responsible and reliable? _____yes _____no

(Please comment on whether the student reported for work punctually, completed assignments in a timely fashion, handled responsibilities or obstacles with maturity, etc.): _____

Please describe the student's relationship with others in the office. (Was the student courteous, respectful, forthright, etc?): _____

Did the student perform satisfactorily? _____yes _____no

Please evaluate the student's performance. Please comment on diligence, thoroughness, and clarity of oral and written work, creative legal thinking or problem solving: _____

Was the student able to learn from the supervision and mentoring in this externship? (Did the student follow instructions, ask for appropriate assistance, accept and learn from constructive criticism?)

Was the student's work sufficiently helpful to you? _____yes _____no

If not, why not? _____

Did the student have sufficient prior knowledge for the work? _____yes _____no

If not, what type of knowledge, training, or background would better prepare a student for this experience?

Have you discussed these strengths and weakness with the student? _____yes _____no

What are the things that the student should know about his/her performance in your office, favorable or unfavorable?

Other Comments:

_____, Signed Print Name _____ Date _____

Please return this form to:
Director of Clinical Education
Touro Law Center
300 Nassau Road
Huntington, New York 11743

Fax: 631-423-2040