

## STUDENT EVALUATION OF PRO BONO PLACEMENT

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

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

Tel: \_\_\_\_\_

Dates 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Comments:

\_\_\_\_\_

Dated: \_\_\_\_\_ Student Signature: \_\_\_\_\_