

Pro Bono Experiential Learning Requirement Supervisor Evaluation of Student

Student: Please complete the Student Section of the Form and submit the form to your supervisor within 10 days of the completion of your work at the organization.

Student Name: _____ Graduating Class: _____

Organization Name: _____

Supervisor's Name & Title: _____

Supervisor's Phone: _____ Supervisor's Email: _____

Description of pro bono service performed:

Supervisor: Please give this completed form to the student. Thank you for your support of RWU Law's Pro Bono Experiential Learning Requirement ("Pro Bono ELR") Program.

Are you satisfied with the student's work? Yes No Comments:

Did the student conduct him or herself in a professionally responsible manner? Yes No

Please identify the student's strengths and areas of growth:

Would you like to supervise another RWU Law student through the Pro Bono ELR program? Yes No
Other comments?

I certify that (student name) _____ has satisfactorily completed _____
hours of pro bono service under my supervision, without compensation.

Supervisor Signature

Date