



FLORIDA INTERNATIONAL UNIVERSITY

Office of Externships and Pro Bono Program

STUDENT EVALUATION OF PRO BONO PLACEMENT

Please complete this form after completing work at your pro bono placement and submit to to Zoraya Ledesma located in RDB 1010 (The Clinic) or via email at ledesmaz@fiu.edu. YOU WILL NOT RECEIVE CREDIT FOR YOUR PRO BONO SERVICE UNTIL THIS, YOUR FINAL FORM, HAS BEEN SUBMITTED.

1. Name/Location of Placement Organization _

2. Name of Supervising Attorney _

3. Name and Title of Supervisor _
(If different than Supervising Attorney)

4. Date placement began ___/___/___ Date placement ended ___/___/___

5. Number of hours completed ___ Do you plan to work additional hours at this placement? Yes No

6. Type of placement (please circle one)

FIU COL Student Organization Summer position

Pro Bono Program placement FIU COL Faculty/Program

Student Initiated Placement

7. Did you receive monetary compensation while fulfilling your requirement? Yes No
If yes, what amount and from what source? _____

8. Did you receive academic credit? Yes No
If yes, how many credits? _____

	Poor	Fair	Adequate	Good	Excellent
9. Adequacy of Training	1	2	3	4	5
10. Amount of Supervision	1	2	3	4	5
11. Quality of Supervision	1	2	3	4	5
12. Value placed on my work	1	2	3	4	5
13. I would recommend this site to others	1	2	3	4	5

	Not at all	Very little	Somewhat	Very much	Significantly
14. How did your public service work affect your interest in course work?	1	2	3	4	5
15. How did your public service work affect your knowledge of a new area of law?	1	2	3	4	5
16. How did your public service work improve your legal skills (e.g. research, interviewing, negotiation, etc.)?	1	2	3	4	5
17. How did the existence of the Pro Bono Service program affect your knowledge about pro bono/public service opportunities?	1	2	3	4	5
18. How did your public service work affect your likelihood of performing future pro bono work?	1	2	3	4	5

19. Is this placement better suited to students who require less or more intensive supervision? Less More
20. Which of your law school courses, if any, were helpful in performing work at this placement? _____
21. What were the strengths and weaknesses of the placement? How would you improve or change your placement?

Please evaluate the PRO BONO SERVICE PROGRAM

	Poor	Fair	Adequate	Good	Excellent
22. Number of sites available	1	2	3	4	5
23. Variety of placements	1	2	3	4	5
24. Assistance in placement process	1	2	3	4	5

25. Suggestions for improvement

Sharing this information helps us improve our support of clients, placement supervisors, and future students. These evaluation forms will be included in a binder in our office to aid students in selecting sites. If you indicate that you do not want your name included in the binder we will remove this portion below.

Student Name _____ Class of _____

Email _____ Date _____

May we include your name and this portion in this binder? Yes No

May we share this information with other administrative offices at FIU COL (e.g. Clinical Programs, OPIA, OCS)? Yes No

Would you be willing to speak on a panel or presentation to 1Ls about your experience? Yes No

Are you willing to be contacted by students interested in this placement? Yes No

I hereby grant the FIU College of Law Pro Bono Service Program the right to use, for public relations or informational purposes, my name and likeness and/or any other materials from any source, including, but not limited to, student and supervisor evaluations regarding the Pro Bono Service Program.

Student _____ Signature _____

Date _____