

SAMUEL L. GREENEBAUM PUBLIC SERVICE PROGRAM

Supervisor Evaluation Form

Student Name:

Placement Name:

Supervisor Name:

Supervisor Phone Number:

E-mail Address:

1. Rate the quality of the work performed by this student:

Unsatisfactory

Poor

Average

Good

Excellent

Additional Comments:

2. Please relate at least one specific way in which the work performed by this student had a positive impact on: (1) a specific individual or group of clients; and/or (2) your continuing work with the poor or those who would otherwise be denied access to the legal system:

3. Is this an ongoing project?

Yes

No

4. If yes, would you be willing to supervise other law students participating in the Public Service Program?

Yes

No

5. Rate the quality of your overall experience with the Public Service Program:

Unsatisfactory

Poor

Average

Good

Excellent

6. Additional comments about the Public Service Program, in general, and suggestions, if any, on how to improve the Program:

Supervisor Signature

Date:

Instructions:

Please print, sign and return this form to:

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