



Rate Training/Supervision: Excellent:  Good  Adequate  Poor

Explain: \_\_\_\_\_

Feedback and Evaluation Provided: \_\_\_\_\_

Contact with Attorneys: \_\_\_\_\_

Client Contact: \_\_\_\_\_

How many hours did you work per week, on the average? \_\_\_\_\_

What, if anything, did you find yourself wishing you had known about your pro bono employer or job responsibilities before you accepted this position?

\_\_\_\_\_

Please use the remainder of this space to discuss aspects of your experience, to comment on the above questions, or to provide information you feel may be of value to your colleagues.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you recommend that another student do pro bono work with this organization?  Yes  No

Why? \_\_\_\_\_

**Optional:**

Your Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

I would be willing to discuss my experience with other students.

I would be willing to speak on a panel for other students about my pro bono experience.

**\*\*\* THANK YOU VERY MUCH \*\*\*  
RETURN TO THE CAREER SERVICES OFFICE**