**Clinical Public Interest Externship**

**Fall Spring Summer**

| **Placement Data** |
| --- |
| **Student Name:** |  |
| **Year:** | **2L 3L 4L** |
| **Division:** | **Day Eve Extended** |
| **Email Address:** |  |
| **Phone Number(s):** |  |
| **Placement Name:** |  |
|  **Placement Address:**  |  |
| **Supervisor’s Name/Title:** |  |
| **Dates/Semester of Service:** |  |
|  |  |

**Clinical Public Interest Externship**

***Learning to Serve, Serving to Learn***

| **Student Log****You may log only Externship Service hours.****Note – your supervisor must sign this log form.** |
| --- |
| **Date** |  **Description of Work Performed** | **Hours** |
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| **Date** |  **Description of Work Performed** | **Hours** |
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|  |  **TOTAL HOURS:** |  |

 ***(You may add additional sheets when needed. Provide the final total at the end.*)**

**I certify that the above information is true.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Signature Date**

**Public Interest Resource Center**

Where Learning Lives

**Supervisor’s Assessment**

**Thank you for taking the time to supervise a Widener student volunteer. Your feedback is essential to the success of this program. I would appreciate it if you would take a few moments to complete this form and return it by mail or fax to:**

**Sydney Howe-Barksdale, Director**

**Clinical Public Interest Externship Program**

**Widener University Delaware Law School**

**4601 Concord Pike, Wilmington, DE 19803**

**302.477.2214 (Phone); 302.477.2227 (Fax)**

**sthowe-barksdale@mail.widener.edu**

| **Supervisor Contact Information****(Please feel free to attach your business card.)** |
| --- |
| **Name & Title:** |  |
| **Address:** |  |
| **Phone/Fax Number:** |  |
| **Email Address:** |  |
| **Name of Student Supervised:** |  |
| **Time Period of Supervision:** |  |

***Please circle your answer:***

**1. Have you reviewed the student’s time log? YES NO**

**2. Are the number of hours reported in the student’s log accurate to the**

 **best of your knowledge? YES NO**

**3. Are the number of hours reported in the student’s log appropriate to**

 **the tasks performed? YES NO**

**4. Was the student’s work satisfactory? YES NO**

**5. Did the student’s work help you, your client, and/or your organization?**

 **YES NO**

**6. Was the student’s conduct professional and appropriate at all times?**

 **YES NO**

**7. How would you characterize the level of supervision this student required?**

 **a) About expected b) Less than expected c) More than expected**

**8. Based on your experience with this student volunteer, would you be willing to**

 **continue to supervise Widener Law Students in the future?**

 **YES NO**

**9. Please comment candidly on your experience supervising this student volunteer:**

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**10. Please feel free to suggest how this program may be improved in the future:**

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**Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

 **Thank you for taking the time to help us assess our program.**

 **We look forward to working with you again.**