Why the Paperwork?

**Recognition**: Your public interest work is valued. It gives you an opportunity to gain hands-on legal experience, while simultaneously allowing you to serve your community. The Public Interest Resource Center (PIRC) recognizes your efforts, based upon the amount of time you contribute to public interest work. If you provide an exceptional amount of public service anytime after your first semester of law school, you may be recognized when you graduate. In order to be eligible for this recognition, your work must be *pro bono*, that is, you must receive neither financial compensation nor academic credit for the hours you log on this form. In addition, recognition will be afforded only to students who complete this log form in a timely manner, and who satisfactorily meet their placement’s expectations.

**Feedback**: PIRC seeks to maintain quality relationships with placement providers. In this packet, there are survey forms that will provide PIRC with critical input regarding your experience. Please take the time to complete your questionnaire with care, and be certain to give the attached supervisor’s assessment to the attorney who most closely supervised your work.

Instructions

The attached forms, completed by you and your attorney supervisor, must be returned to the Career Development Office according to the following deadlines:

<table>
<thead>
<tr>
<th>If you volunteered during the...</th>
<th>then your form is due by...</th>
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<tbody>
<tr>
<td>Fall Semester</td>
<td>the last day of Fall Semester classes.</td>
</tr>
<tr>
<td>Spring Semester &amp; <strong>are not</strong> graduating this year</td>
<td>the last day of Spring Semester classes.</td>
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<tr>
<td>Spring Semester &amp; <strong>are</strong> graduating this year</td>
<td><strong>Friday, March 29, 2019</strong></td>
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<tr>
<td>Summer</td>
<td>the first week of Fall Semester classes.</td>
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**STUDENTS - PLEASE NOTE:**
- Failure to adhere to these deadlines may render you ineligible for recognition at graduation.
- Students are responsible for making sure that attorney supervisors submit their assessment forms to the Career Development Office on or before the deadlines.
**PUBLIC INTEREST RESOURCE CENTER**

RETURN THIS COMPLETED PACKET TO THE CAREER DEVELOPMENT OFFICE

<table>
<thead>
<tr>
<th>Placement Data</th>
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<tbody>
<tr>
<td>Student Name:</td>
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<tr>
<td>Year:</td>
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<tr>
<td>Division:</td>
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<tr>
<td>Email Address:</td>
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<tr>
<td>Phone Number(s):</td>
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<tr>
<td>Placement Name:</td>
</tr>
<tr>
<td>Placement Address:</td>
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<tr>
<td>Supervisor’s Name/Title:</td>
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<td>Dates/Semester of Service:</td>
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How did you learn about this pro bono opportunity? (select all that apply)

- □ PIRC
- □ Career Development Office
- □ Job Fair: (where/when)
- □ Digest
- □ On-line: (list site)
- □ Other: (please explain)

Anticipated Graduation Date:
**Student Log**

You may only log pro bono hours for which you received neither financial compensation nor academic credit. Please log all of your pro bono hours – not just the 60 hours required for pro bono distinction. You may be eligible for other awards based on the total number of hours you volunteered. Note – your attorney supervisor must sign this log form.

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Work Performed</th>
<th>Hours</th>
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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

_________________________________________________________
Supervising Attorney’s Signature

____________________
Date

_________________________________________________________
Supervising Attorney’s Printed Name
Student Questionnaire

Placement: ____________________________________________________________

Attorney Supervisor: ____________________________________________________________________________

Dates of Service: ____________________________________________________________

Area(s) of Law (circle all that apply):

- Administrative
- Alt. Dispute Resolution
- Civil Rights
- Comm. Econ. Dev.
- Consumer
- Criminal
- Disability
- Education
- Elder
- Entertainment
- Environmental
- Family
- Health
- Housing
- Human Rights
- Immigration
- Juvenile
- Labor/Employment
- Public Benefits
- Veterans
- Tax

Other: ____________________________________________________________________________

If you worked in a Law-Related Education Program, identify the specific program:

____________________________________________________________________________________

Type of Work Performed (circle all that apply):

- Client Intake/Interviewing
- Legislative
- Analysis/Policy
- Interpretation
- Case Preparation/Investigation
- Assisting at Trial
- Drafting Documents
- Adult Citizen Education
- Teaching/Coaching Kids
- Research and Writing

Other: ____________________________________________________________________________
1. **Nature of Work Assigned:**
   - Too Simple
   - At My Level
   - Too Challenging

   **Comments:**
   

2. **Amount of Work Assigned:**
   - Too Little
   - Sufficient
   - Too Much

   **Comments:**
   

3. **Adequacy of Training:**
   - Poor
   - Adequate
   - Excellent

   **Comments:**
   

4. **Adequacy of Supervision:**
   - Poor
   - Adequate
   - Excellent

   **Comments:**
   

5. **How, if at all, has this work enhanced your legal skills?**

   

6. **How, if at all, has this work enhanced your understanding of the legal needs of persons of limited means?**

   


7. What effect, if any, do you believe you had on your client(s) or enabled your placement agency to have on its client(s)?

8. To what extent, if any, do you plan to engage in public interest work upon graduation? Has your experience in this placement affected that interest in any way?

9. Would you recommend this placement to other law students?  
   Yes  
   No

10. Please comment further on the strengths and weaknesses of the placement.

11. PIRC will use this questionnaire to counsel other students. May we keep your questionnaire on file to be viewed by other students seeking information about this placement?  
   Yes  
   No

Student’s Signature: ___________________________ Date: _________

Student’s Printed Name: ___________________________
Attorney Supervisor’s Assessment

Thank you for taking the time to supervise a Delaware Law School student. 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, fax or email to:

Catherine Zwolak Kilian, Director
Public Interest Resource Center
Widener University Delaware Law School
4601 Concord Pike, Wilmington, DE 19803
302-477-2705 (Ph); 302-477-2180 (Fax)
PIRC@widener.edu

Attorney Supervisor Contact Information
(Please feel free to attach your business card.)

<table>
<thead>
<tr>
<th>Name &amp; Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone/Fax Number:</td>
</tr>
<tr>
<td>Email Address:</td>
</tr>
<tr>
<td>Name of Student Supervised:</td>
</tr>
<tr>
<td>Time Period of Supervision:</td>
</tr>
</tbody>
</table>

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 Delaware Law Students in the future?
   YES  NO

9. Please comment candidly on your experience supervising this student volunteer (OPTIONAL)

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

10. Please feel free to suggest how this program may be improved in the future (OPTIONAL)

    ___________________________________________________________
    ___________________________________________________________
    ___________________________________________________________
    ___________________________________________________________
    ___________________________________________________________

Supervising Attorney’s Signature: _____________________________  Date: __________

Supervising Attorney’s Printed Name: ___________________________

    Thank you for taking the time to help us assess our program.  
    We look forward to working with you again.