



**SCHOOL OF LAW Pro Bono Program
Supervisor Report and Evaluation**

Name of Organization: _____

Name of Supervisor: _____

Name of Student Volunteer: _____

Dates of Pro Bono Service: ___ Fall ___Spring ___Summer From ___/___/___ to ___/___/___

Brief description of Work Performed: _____

Was this the first time you have used the Pro Bono Project? Yes _____ No _____

Please evaluate your experience:	Poor	Satisfactory	Adequate	Excellent	Superior
Pro Bono placement process at U of A	1	2	3	4	5
Ability to work independently	1	2	3	4	5
Quality of student work	1	2	3	4	5
Value of student work or impact	1	2	3	4	5

What was most beneficial for your organization about this experience? _____

Please discuss any problems you experienced using the Pro Bono Project. _____

Please discuss any problems you encountered with the student volunteer (for instance, did the student volunteer behave professionally?). _____

Would you supervise another student participant in U of A's Pro Bono Project again? ___ Yes ___ No

If no, why not? _____

Additional comments/recommendations _____

Date

Signature of Supervising Attorney

Please return this form to:
Susan Williams Pro Bono Coordinator/Clinic Administrator
University of Arkansas School of Law, 107A Waterman Hall, Fayetteville, AR 72701
479-575-3056 (Phone); 479-575-2815 (Fax)
http://law.uark.edu/legal_clinic/pro_bono_program
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