
**Syracuse University College of Law
Externship Program Evaluation Form
Supervisor's Rating of Student Performance
Spring 2009**

Name of Extern: _____ Name of Supervisor: _____

Name of Placement: _____

DESCRIPTION OF WORK ACTIVITIES:

Please describe (briefly) the type of activities in which the externship student was engaged in your office. If the student worked in a government office or public interest organization, please also note whether or not the student was able to utilize the Student Practice Order this semester.

In completing the following portion you may want to consider the following levels of achievement for Student Attorneys if helpful in your narrative.

<i>Serious difficulty:</i>	<i>Did not see or respond to supervision appropriately, and did not perform task adequately</i>
<i>Difficulty:</i>	<i>Responsive to supervision, but still did not perform task adequately</i>
<i>Fair progress:</i>	<i>Performed task adequately with substantial supervision</i>
<i>Good progress:</i>	<i>Performed task well with substantial supervision; or performed task with some supervision</i>
<i>Competence:</i>	<i>Performed task well with some supervision; or performed task with minimal supervision</i>
<i>High competence:</i>	<i>Performed task very well with substantial supervision; or performed task well with Minimal Supervision</i>
<i>Excellence:</i>	<i>Performed task very well with some or minimal supervision</i>

OVERALL ASSESSMENT & PASS/FAIL GRADE RECOMMENDATION:

Please provide an overall assessment of the extern's performance in this externship, including your recommendation for a "pass" or "fail" grade for the externship placement for the Spring 2009 semester. To the extent possible, please include examples of ways in which you think the extern has shown growth and development in professionalism and lawyering skills throughout the semester and what recommendations you have for the student's goals for the second semester.

(Note: In signing below, the supervisor and the student are certifying that the student has worked the required 168 hours for 3 credits or 112 hours for 2 credit hours.)

Supervisor Name (Printed)

Student Name (Printed)

Supervisor Signature

Student Signature

Date

(Please return completed form to: Syracuse University College of Law, Office of Clinical Legal Education, P.O. Box 6543, Syracuse, NY 13217, Attention: Ann E. Pfeiffer. Fax Number 315-443-3636.....Thank you!)