

Student Evaluation of Pro Bono Service

Please print legibly or type all responses.

Requesting Student Information

Name: _____ Date: ____ / ____ / ____

Pro Bono Project Information

Organization: _____

Location (city/state): _____

Name & Title of Supervising Attorney: _____

Hours Worked: ____ /week Total Hours: _____

Brief description of work: _____

How would you improve this project? _____

Did this experience satisfy your expectation of a professional pro bono contribution?

Yes No

Do you recommend this project be continued? Yes No

Additional Comments: _____

Submit evaluations to the Director of Pro Bono in the Professional Development Office.