Roger Williams University School of Law
Feinstein Institute for Legal Service

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Supervisor Evaluation of Student

Supervisors: Please complete and return this form within **10 days** of the completion of the student's work. You may give this form to the student or mail or fax it to the Feinstein Institute for Legal Service to the above address or fax number. Thank you for your support of the Public Service Program.

Student Name _____ Class of 20_____

Supervisor Name, Title and Phone_____

Organization _____

Address of Organization

_____

_____

Description of Project

_____

_____

_____

Did the student complete the work in a timely manner? Yes No

Did the student conduct him or herself in a professionally responsible manner?
Yes No

Would you be interested in supervising another law student through the Public Service Program?
Yes No

Other comments?

_____

_____

I certify that (student name) _____satisfactorily completed (#)_____ hours of public service work under my supervision.

Supervisor's Signature _____ Date_____

Director of Public Service Signature _____ Date _____