

SUPERVISOR'S REPORT

PART A

(To be completed by Student)

Student: _____ Student ID#: _____

Pro Bono Site: _____

Name of Supervising Attorney: _____

Address: _____

Phone: _____ # of hours worked: _____

Brief description of work completed: _____

PART B

(To be completed by Supervisor)

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

Did the student conduct himself or herself in a professional responsible manner? Yes No Comments: _____

Would you supervise another Pro Bono student? Yes No Comments: _____

Student worked: _____ hours Date: _____

Supervisor's Signature: _____

For Questions or Comments:
Ivan Bodensteiner, Pro Bono Faculty Director
Valparaiso University Law School
656 S. Greenwich St., Valparaiso, IN 46383
219 465-7852 (Phone) 219 465-7808 (Fax)
<http://www.valpo.edu/law/registrar>

Submit completed form to:
Assistant Registrar, Room 214