

SUPERVISOR'S REPORT

**PART A**

*(To be completed by Student)*

Name of 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:

Robyn Rucker, Associate Director

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*All completed pro bono forms must be submitted to Robyn Rucker, Associate Director, Career Planning Center.*