

SUPERVISOR'S REPORT

PART A

(To be completed by Student)

Name of 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 School of Law

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219 465-7852 (Phone) 219 465-7808 (Fax)

<http://www.valpo.edu/law/registrar>

Submit completed form to:
Assistant Registrar, Room 214