



HARVARD LAW SCHOOL SUMMER PUBLIC INTEREST FUNDING & PRO BONO SERVICE PROGRAM

MANDATORY SUPERVISOR EVALUATION OF STUDENT

1. Name of Student: _____

2. Name of Placement Organization: _____

3. Address of Organization: _____
Street Address

City State Zip

4. Phone: _____ - _____ - _____ Fax: _____ - _____ - _____ Email: _____

5. Date placement began: ____/____/____ Date placement ended: ____/____/____

6. Did you provide monetary compensation to the student this summer? Yes No

If yes, specify amount and source: _____

7. Did the student complete the assigned tasks in a timely manner? Yes No

8. Did the student perform in a professionally responsible manner? Yes No

9. What was most beneficial for your organization about this experience? _____

10. Would you supervise another HLS student for SPIF or the Pro Bono Program? Yes No

11. Do you have any comments or suggestions concerning the Summer Public Interest Funding (SPIF) or the Pro Bono Service Program? _____

Supervisor Name: _____

Supervisor Title: _____

Supervisor Signature: _____ Date ____/____/____

Both pages of this form must be returned to the SPIF Office via fax, email or mail by **September 9, 2013**. *STUDENTS WILL NOT RECEIVE PRO BONO OR SPIF CREDIT FOR THEIR POSITION UNTIL THIS FORM IS RECEIVED.* Please return this completed form via file upload, e-mail, fax or mail:

HLS Student Financial Services, ATTN: SPIF
1585 Massachusetts Ave.; Wasserstein Hall Suite 5027 Cambridge, MA 02138
FAX: (978) 367-3821

EMAIL: spif@law.harvard.edu

FILE UPLOAD: <http://www.law.harvard.edu/current/sfs/spif/spifsecureuploadform.html>

For questions on funding or submitting this form, please call 617-495-0643 or email spif@law.harvard.edu

For questions on pro bono credit, contact the Pro Bono Office at 617-495-5202 or email clinical@law.harvard.edu



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STUDENT TIME LOG

Because your supervisor does not verify your time throughout the summer, **you must submit this time log with your supervisor's signature to verify your TOTAL number of hours worked.** (Failure to submit a time log documenting your hours worked will result in forfeiture of your SPIF award.)

Please record your hours in as accurately and detailed a way as possible up to a **maximum** of 37.5 hours per week. **For SPIF purposes, a maximum of 37.5 hours per week counts toward your work requirement. Any work beyond 37.5 hours per week is considered volunteer and should not be included on this form.**

Week	Dates	Description of Work Done	Hours	If < 37.5 hours note # of hours
<i>Ex.</i>	<i>June 5-9</i>	<i>Researched Smith v. Doe, prepared for court hearing, wrote brief</i>	<i>37.5</i>	<i>35</i>
1	May 9-11		37.5	
2	May 12-18		37.5	
3	May 19-25		37.5	
4	May 26- June 1		37.5	
5	June 2-8		37.5	
6	June 9-15		37.5	
7	June 16-22		37.5	
8	June 23-29		37.5	
9	June 30- July 6		37.5	
10	July 7-13		37.5	
11	July 14-20		37.5	
12	July 21-27		37.5	
13	July 28-Aug 3		37.5	
14	Aug 4-10		37.5	
15	Aug 11-17		37.5	
16	Aug 18-24		37.5	
17	Aug 25-31		37.5	
18	Sept 1-7		37.5	
Total:				

I certify that the hours indicated above are accurate, and request that these hours be counted toward the Summer Public Interest Funding and pro bono requirements. I also certify that in addition to the 37.5 hours per week for which the student was compensated they volunteered additional hours. The total additional time they volunteered during their placement was _____ hours.

Student Name

Student Signature

_____/_____/_____
Date

Supervisor Name and Organization

Supervisor Signature

_____/_____/_____
Date

Other required information to be completed by student: Did you receive any additional income this summer beyond your SPIF award (employer wages, fellowships, etc)? Yes No

If yes, how much and from what sources? _____