

To Submit Evaluation Electronically: **SAVE** completed document to your computer and e-mail to mfletcher@law.wne.edu as an attachment. Application may also be faxed or mailed to the contact information listed below.

**WNE**  
WESTERN NEW ENGLAND  
UNIVERSITY  
SCHOOL of LAW



## Externship Supervisor's Mid-Term Evaluation Form <sup>1</sup>

Name of Externship Site: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Name of Student: \_\_\_\_\_

<b>LAWYERING SKILLS</b>					
	Not Applicable	Poor	Fair	Good	Excellent
Legal Knowledge					
Research					
Writing					
Analysis					
Oral Communications					
Interviewing					
Client Counseling					
Investigation					
Negotiation					
Other Skills <input style="width: 100px; height: 15px;" type="text"/>					

<b>PROFESSIONALISM/WORK HABITS</b>					
	Not Applicable	Poor	Fair	Good	Excellent
Dependability					
Initiative					
Professional Ethics					
Judgement					
Thoroughness and Attention to Detail					
Client Relations					
Attitude Toward Supervisor/ Criticism					
Productivity and Time Management					

<sup>1</sup> This evaluation grid was developed by the Greater Los Angeles Consortium on Externships ("GLACE"), made up of member schools Loyola, USC, Pepperdine, UCLA, Southwestern, Whittier and Chapman.

**STRENGTHS:** Briefly describe the Extern's contribution to your chambers or organization, such as the type of projects completed or areas in which the extern showed particular strength or skill.

**NEEDED IMPROVEMENT:** For those categories that you rated the Extern as Poor or Fair, please provide examples or describe the reason for your rating.

**GOALS:** Please list below goals that you and your Extern have established for the remainder of the semester.

We ask supervisors to review evaluations with students. Please check below if you have done so:

I have reviewed this evaluation with the student.

**EXTERNSHIP PROGRAM FEEDBACK:** Please feel free to provide us with suggestions for improving our Externship Program or ways we might assist you better in the future.

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*Signature of Supervising Judge or Attorney*

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*Date*

Please return completed form to: Marie Fletcher  
Clinical Programs Administrator  
Western New England University School of Law  
1215 Wilbraham Road  
Springfield, MA 01119  
Email: mfletcher@law.wne.edu  
Fax: (413) 796-2119

*Thank you for your continued participation in Western  
New England University's School of Law  
Externship Program.*

Revised 05/2013