

EVALUATION OF CLINICAL EXPERIENCE AND INVENTORY OF SKILLS

(to be completed by student)

Name: _____

Name & address of clinical placement: _____

Supervising Attorney: _____

General area of practice: _____

Dates Worked: from _____ to _____ Paid or unpaid? _____

Number of hours completed: _____ Certified law student? _____

Describe the tasks you were assigned: _____

Did any of these tasks require critical thinking or legal analysis (i.e., applying law to facts)? (circle one) Yes No

Did you write/draft any of the following? (Circle all that apply)

- inner-office memo pleadings memo of points and authorities settlement plan mediation statement motion /opposition to motion client letter deposition interrogatories deposition summaries jury instructions writ appeal

Other: _____

Did you fill in forms appropriate to the area of practice? (circle one) Yes No

Did you receive adequate feedback on your written work? Yes No (circle one)

Did you attend (circle all that apply):

- interviews counseling session deposition negotiation courtroom proceeding settlement conference

Other: _____

Did you have the opportunity to participate personally in any of these opportunities? (circle one) Yes No

What are the most important skills you feel you acquired through this placement which you will aid you as an attorney? _____

What was the best part of this clinical experience? _____

How could the clinical experience have been improved? _____

Did any ethical or professional responsibility issues arise during this placement? (circle one) Yes No

If you answered Yes, what resources were used to help resolve the issue(s)? _____

Additional comments: _____