

Pro Bono Program
Indiana University School of Law
Indianapolis

Student's Report and Evaluation

Name: _____ Month/Year of Graduation: _____

Agency/Organization where you worked: _____

Date you started: ___/___/___ Date you ended: ___/___/___

Will you continue next semester? _____ Average number of hours per week: _____

Total Hours Completed: _____

NATURE OF THE WORK: *Please summarize the types of work you completed and the areas of law you encountered.*

WHY DID YOU CHOOSE TO VOLUNTEER YOUR TIME?

WHAT WAS THE MOST REWARDING ASPECT OF THIS EXPERIENCE?

WERE YOU ADEQUATELY SUPERVISED? Yes _____ No _____

Comment(s):

WERE YOU SATISFIED WITH THE TRAINING YOU RECEIVED? Yes _____ No _____

WOULD YOU RECOMMEND THIS EXPERIENCE TO OTHER STUDENTS?

Yes _____ No _____ Comment(s):