**JUDICIAL INTERNSHIP PROGRAM**

**EVALUATION FORM**

(Please type or print neatly)

Dear Judge:

Name of Student Participant:

The student named above has participated in Massachusetts School of Law's judicial internship program. We would appreciate your frank evaluation of the Participant. Please fill out this form and mail it directly to us. Your prompt response will be greatly appreciated.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | No Basis for Judgment | Below  Average  (Lowest 40%) | Average (Middle 20%) | Good  (Next 20%) | Very Good (Next 10%) | Outstanding (Highest 10%) |
| Native Intelligence (Analytical powers, rigor of thought, critical facility, reasoning ability) |  |  |  |  |  |  |
| Independence of Thought  (Originality, imagination, creative independence) |  |  |  |  |  |  |
| Industry and Motivation |  |  |  |  |  |  |
| Effectiveness of Oral Communication |  |  |  |  |  |  |
| Effectiveness of Written Communication |  |  |  |  |  |  |
| Judgment and Maturity |  |  |  |  |  |  |
| Leadership Ability |  |  |  |  |  |  |
| Personal Attributes  (Ability to relate effectively to different people) |  |  |  |  |  |  |

Please comment on the following:

1. The student's proficiency in research:

2. The student's writing:

3. The student's ability to relate the theory of law to the practice of law:

4. Areas in which the student could improve:

5. The student's attendance at court:

6. Other comments:

7. Are you interested in participating in the program in the future:

Yes No

Date:

Signature of Supervising Judge

8. Areas in which the clinical program could improve:

Thank you for participating in the program. If you have any questions, please contact us at 978.681.0800.

Michael L. Coyne Diane M. Sullivan

Dean Assistant Dean