



# Massachusetts School of Law at Andover

500 FEDERAL STREET - ANDOVER MA - 01810

978.681.0800 - WWW.MSLAW.EDU

## CLINICAL PROGRAM

### EVALUATION FORM

(please type or print clearly)

#### TO THE STUDENT'S SUPERVISOR:

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

The student named above has participated in Massachusetts School of Law's clinical 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:

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2. The student's writing:

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

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4. Areas in which the student could improve:

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5. The student's attendance at your office:

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6. Other comments:

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

Yes \_\_\_\_\_

No \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervising Attorney

8. Areas in which the clinical program could improve:

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Thank you for participating in the program. If you have any questions, please contact me at 978.681.0800. Please send completed form to Diane M. Sullivan.

Michael L. Coyne  
Dean

Diane M. Sullivan  
Assistant Dean