

SETON HALL UNIVERSITY SCHOOL OF LAW
Center for Social Justice
Pro Bono Service Program



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PROGRAM EVALUATION

(To be completed by student)

Date: _____

Student's Name: _____ Student ID # _____

Organization: _____ Supervisor: _____

Please describe the work performed:

Was this placement suitable for the 50-hour requirement? Yes _____ No _____

If not, please explain: _____

Where did you do most of your work for this placement (please check one)?

At the offices of the organization _____ At home/location of my choice _____
At another location (e.g., courthouse, community legal clinic) _____ Mixed _____

Were you satisfied with the training that you received? Yes _____ No _____

If not, please explain: _____

Were you satisfied with the supervision that you received? Yes _____ No _____

If not, please explain: _____

Would you recommend your placement to other students? Yes _____ No _____

If not, please explain: _____

How would you improve or change the Pro Bono Service Program? _____

We thank you for the time and effort you have devoted to the Pro Bono Service Program. If you have any additional comments or suggestions, you may include them on the back of this form.