

## HEALTH LAW EXTERNSHIP STUDENT EVALUATION FORM

This form should be completed by the student at the end of their externship term. This form should be returned to the Beazley Institute Assistant Director, Megan Bess, by email at [mbess@luc.edu](mailto:mbess@luc.edu) or fax at 312-915-6212.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Degree Program/Year: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Desired Semester \_\_\_\_\_

Are You Registered for Credit?    YES    NO    Credit Hours \_\_\_\_\_

Externship Site: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### ATTAINMENT OF GOALS

(Please briefly describe how/whether this externship allowed you to meet your externship goals.)

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Please rate the frequency of the following activities of your extern experience, with a rating of 0 indicating "never," 1 indicating "occasionally," 2 indicating "most of the time," and 3 indicating "always."

1) Legal research	0	1	2	3
2) Legal writing	0	1	2	3
3) Meetings with attorneys or coworkers	0	1	2	3
4) Meetings with your supervisor	0	1	2	3
5) Inclusion in department activities/meetings	0	1	2	3

### SITE FEEDBACK

(Please describe your overall experience at your site. Is this an experience you would recommend to other students? What would you change? Did your supervisor provide you with adequate feedback?)

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**Student Signature & Date**

**For Internal Use Only** Date Received \_\_\_\_\_ Credits Awarded \_\_\_\_\_  
Notes \_\_\_\_\_