**Externship Site Evaluation Form**

Student Name:

Student’s Externship Placement:

Name and Email of Student’s Externship Supervisor(s)/Internship Coordinator(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not applicable | Unacceptable | Acceptable | Excellent |
| Student receives high-quality work assignments |  |  |  |  |
| There is a clear process through which students receive work assignments |  |  |  |  |
| Student receives consistent feedback on his or her work |  |  |  |  |
| Student is included in meetings, phone calls, court visits, and such |  |  |  |  |
| Student’s workspace is comfortable, and includes a phone, computer and access to resources such as support staff and copier/printer |  |  |  |  |

Please summarize the supervisor’s assessment of student’s performance so far in the externship, highlighting any areas of concern or for improvement:

Additional information about this placement, or about the student’s externship experience:

Site Reviewer’s Name:

Date of Site Review: