SUPERVISOR EVALUATION OF STUDENT

Supervisors: Please complete and return this form within 10 days of the completion of the student’s work. You may give this form to the student or mail or fax it to the above address or fax number. Thank you for your support of the Chase Pro Bono Service Program.

Student Name: ______________________________________________________________________________________

Supervisor’s Name/Title/Phone______________________________________________________________

Organization: ____________________________________________________________

Address of Organization: _____________________________________________________________________

Date Placement Began: ____________________________ Date Placement Ended: _______________________

Brief Description of Assignment: ____________________________________________________________________________

Did the student complete the work in a timely manner? □ Yes □ No

Was the student’s performance satisfactory? □ Yes □ No

Would you supervise another Chase student through the Pro Bono Service Program? □ Yes □ No

Other comments or suggestions concerning Chase’s Pro Bono Service Program? ____________________________________________________________

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I certify that (student name) _______________________________________________________ satisfactorily completed (#) ____________ hours of pro bono work under my supervision.

Supervisor’s Signature: ____________________________________________________________ Date: ____________

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