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Highland Heights, KY 41099

### 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 email or fax to the above address. Thank you for your support of the Chase Pro Bono Service Program.

Student Name: (please print) \_\_\_\_\_

Supervisor's Name/Title/Phone \_\_\_\_\_

Organization: \_\_\_\_\_ Email: \_\_\_\_\_

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_