SUPERVISING ATTORNEY RESPONSIBILITIES

Thank you for agreeing to supervise a student in Harvard Law School’s Independent Clinical Program. As this is an academic program, you are serving as a teacher rather than an employer (the student is receiving clinical credit and is not being paid for their work). As a reminder, below is information about the student you have agreed to supervise:

Student Name: __________________________
Placement: __________________________
Supervisor: __________________________
Term: [ ] Fall / [ ] Winter / [ ] Spring (please check one)

Fall Term: September 4, 2018 through December 3, 2018
Winter Term: January 7, 2019 through January 25, 2019
Spring Term: January 28, 2019 through April 26, 2019

AS A SUPERVISING ATTORNEY I AGREE TO THE FOLLOWING:

- **Primary Supervisor:** I agree that I am a licensed attorney and have the necessary license to practice in the area of law or jurisdiction in which I work. I understand that students will be working under my license to practice, and that they will be assigned to work directly with me, although the student may also work with other attorneys in the office.

- **Malpractice Coverage:** My organization has appropriate malpractice liability coverage, if applicable.

- **Initial Meeting:** I agree that I will meet with the student at the beginning of the placement. I will discuss with the student our expectations of the work to be done, the specific types of tasks the student will be assigned, the time frame for completion and the goals of the project or placement.

- **Regular Meetings:** I will meet with the student regularly to provide constructive feedback.

- **Assignments:** I will assign the student responsibilities comparable to work that would be performed by a new attorney, and actively encourage the student to take on the most challenging work s/he can reasonably handle.

- **Mid-Semester Evaluation:** Halfway through the fall and spring terms, I will complete the [Mid-Semester Independent Clinical Evaluation Form](#). A mid-semester evaluation is not required for the winter term.

- **Final Evaluation:** After the student’s placement has been completed, I will complete the [Final Independent Clinical Supervisor Evaluation Form](#). We ask you to promptly complete this form and return it to us no later than one week after the last day of the term.

SUPERVISING ATTORNEY ACKNOWLEDGEMENT

I, __________________________, agree to all of the above.

_Supervising Attorney Name_

_Supervising Attorney Signature_    _Date_