

# HARVARD LAW SCHOOL SUMMER PUBLIC INTEREST FUNDING & PRO BONO SERVICE PROGRAM

## MANDATORY SUPERVISOR EVALUATION OF STUDENT

1. Name of Student: \_\_\_\_\_

2. Name of Placement Organization: \_\_\_\_\_

3. Address of Organization: \_\_\_\_\_

Street Address

City

State

Zip

4. Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

5. Date placement began: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date placement ended: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Did you provide monetary compensation to the student this summer (i.e. wages, housing, travel, etc.)?  Yes  No

If yes, specify amount and source: \_\_\_\_\_

7. Did the student complete the assigned tasks in a timely manner?  Yes  No

8. Did the student perform in a professionally responsible manner?  Yes  No

9. What was most beneficial for your organization about this experience? \_\_\_\_\_

10. Would you supervise another HLS student for SPIF or the Pro Bono Program?  Yes  No

11. Do you have any comments or suggestions concerning the Summer Public Interest Funding (SPIF) or the Pro Bono Service Program? \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Both pages of this form must be uploaded to the self-service portal by **September 16, 2022**. *STUDENTS WILL NOT RECEIVE PRO BONO OR SPIF CREDIT FOR THEIR POSITION UNTIL THIS FORM IS RECEIVED AND A CHARGE FOR THEIR FULL SPIF AWARD WILL BE PLACED ON THEIR STUDENT BILL.*

*For questions on funding or submitting this form, please call 617-495-0643 or email [spif@law.harvard.edu](mailto:spif@law.harvard.edu)*

*For questions on pro bono credit, contact the Clinical & Pro Bono Office at 617-495-5202 or email [clinical@law.harvard.edu](mailto:clinical@law.harvard.edu)*

**HARVARD LAW SCHOOL  
SUMMER PUBLIC INTEREST FUNDING  
& PRO BONO SERVICE PROGRAM**

**STUDENT TIME LOG**

You must submit this time log with your supervisor's signature to verify your TOTAL number of hours worked. (Failure to submit a time log documenting your hours worked will result in forfeiture of your SPIF award.) Please record your hours in as accurately and detailed a way as possible. For SPIF purposes, a maximum of 37.5 hours per week and 280 hours total count towards your work requirement. **Any work beyond 37.5 hours per week and 280 total is considered volunteer and should be included in the additional Volunteer Hours column.**

<i>Week</i>	<i>Dates</i>	<i>Description of Work Done</i>	<i>Total Hours</i>	<i>Work Hours</i> (maximum 37.5 hours)	<i>Volunteer Hours</i> (list hours above 37.5)
<i>Ex.</i>	<i>June 5-9</i>	<i>Researched Smith v. Doe, prepared for court hearing, wrote brief</i>	<b>45</b>	<b>37.5</b>	<b>7.5</b>
1	May 16-22				
2	May 23-29				
3	May 30-June 5				
4	June 6-12				
5	June 13-19				
6	June 20-26				
7	Jun 27-July 3				
8	July 4-10				
9	July 11-17				
10	July 18-24				
11	July 25-31				
12	Aug 1-7				
13	Aug 8-14				
14	Aug 15-21				
15	Aug 22-28				
16	Aug 29-Sept 4				
<b>TOTAL:</b>					

I certify that the hours indicated above are accurate and request that these hours be counted toward the Summer Public Interest Funding and HLS pro bono requirements. I also certify that in addition to the 37.5 hours per week (up to a maximum of 280 hours) for which the student was compensated they volunteered \_\_\_\_\_ additional hours.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name and Organization

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Other required information to be completed by student:**

Did you receive any additional income this summer beyond your SPIF award (employer wages, fellowships, etc)?  Yes  No

If yes, how much and from what sources? \_\_\_\_\_