

**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 13, 2024**. *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

For questions on pro bono credit, contact the Clinical & Pro Bono Office at 617-495-5202 or email clinical@law.harvard.edu

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 counts towards your work requirement. **Any work beyond 37.5 hours per week is considered volunteer and should be included in the additional Volunteer Hours column. Please contact the SPIF office as soon as possible if you are unable to meet your minimum weekly hour requirement due to circumstances outside your control, or unexpected circumstances.**

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 for which the student was compensated they volunteered additional hours.

Supervisor Name and Organization Supervisor Signature Date ____/____/____

If yes, how much and from what sources?