



## 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 8, 2020 through December 4, 2020

**Winter Term:** January 5, 2021 through January 22, 2021

**Spring Term:** January 25, 2021 through April 23, 2021

How will the work be conducted? Please check one and briefly describe.

Remotely    In person    A combination

\_\_\_\_\_  
 \_\_\_\_\_

### 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.
- **CDC Guidelines:** If work is conducted in person, I confirm that my workplace is in abidance with the CDC’s Guidance for Businesses and Employers: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.
- **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