

**HARVARD LAW SCHOOL SUMMER PUBLIC INTEREST
FUNDING & PRO BONO SERVICE PROGRAM
FEDERAL WORK STUDY END OF SUMMER FORM**

MANDATORY SUPERVISOR EVALUATION OF STUDENT - FWS

1. Name of Student: _____

2. Name of Placement Organization: _____

3. Address of Organization: _____
Street Address

4. Phone: _____ - _____ - _____ City _____ State _____ Zip _____
Email: _____

5. Date placement began: ____ / ____ / ____ Date placement ended: ____ / ____ / ____

6. Please check the highest increment that applies:

During the dates listed in Question 5 this student worked at least

___ 280 hours ___ 315 hours ___ 350 hours ___ 385 hours ___ 420 hours

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

If yes, specify amount and source: _____

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

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

10. What was most beneficial for your organization about this experience? _____

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

12. 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 ____ / ____ / ____

This form must be uploaded to the self-service portal by **September 11, 2026**. *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