This student evaluation form is broken down into two sections and requires completion for every case. Section 1 focuses on your experiences dealing with your clients and associated case work and section 2 upon the supervision and support you received. Student views are important to us as they help us improve the education we offer to our students and the service we give to the public.

**Part 1 – Case Evaluation**

**Student Name: (Optional)**

**File Number:**

**Nature of Case:**

*[You must fill out the file number and nature of case prior to submission in all cases]*

1. **Please provide a synopsis of your case:**

|  |
| --- |
|  |

1. **Legal Research.**

To what extent did the research required for this case improve your legal research skills?

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **Substantive Law.**

Did your participation increase your understanding of the law, applicable to the case(s) you were involved in?

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **Problem-solving**

Did your participation in this case increase your capacity to apply the law to practical problems?

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **Other skills**

Did your participation in this case increase your understanding of the skills that lawyers use in their day to day work?

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **Ethics and Professional Responsibility**

Did your participation in this case increase your awareness of the ethical and professional issues affecting a lawyer in practice today?

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **Overall Impression**

Do you consider the experiences gained dealing with this case, or in the clinic to be a valuable part of your legal education?

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **Your experience**

What did you enjoy the *most* about this case and the Clinic module?

|  |
| --- |
|  |

What did you *least* enjoy about this case and the Clinic module?

|  |
| --- |
|  |

In your opinion, how could the Clinic module be improved?

|  |
| --- |
|  |

1. **On average how many hours work did you spend on your case and on the Clinic module?**

|  |  |  |
| --- | --- | --- |
| How many hours |  |  |

1. **Support: Do you feel that you received enough support?**

From Clinic Staff

|  |
| --- |
|  |

From the members of your student law firm

|  |
| --- |
|  |

Other Clinic Students

|  |
| --- |
|  |

1. **Is the workspace in the Clinic satisfactory? If you believe improvements are needed or could be made please tell us about them:**

|  |
| --- |
|  |

1. **Would you like more training? If you would, please tell what you think is missing or could be improved upon:**

|  |
| --- |
|  |

1. **What aspects of the Clinic module have been the most beneficial for your legal education? Please tell us about them:**

|  |
| --- |
|  |

1. **Is there anything else you would like to tell us about?**

|  |
| --- |
|  |

**Part 2 – Supervision Evaluation**

**Name of Supervisor:**

*[You must fill out the supervisors name prior to submission in all cases]*

**Please read the following before you complete this section of the form**

Only use this form to comment on the supervision *you* received in as the York Law School Clinic places great importance on the quality of the supervision *you* received when participating in the module and on your view of such supervision. As the information contained within this form may affect your supervisors career and development please complete it as accurately and fairly as you can. Clinic staff will use the information on this form in order to reflect on what you found helpful about his / her supervision and in what way it can be improved so it would be helpful if you could always explain your answers.

1. **How do rate the effort / level of commitment YOU have made overall in the clinic, including the preparation of your case, your attendance at meetings with Clinic staff and participation in your firm?**

|  |  |  |
| --- | --- | --- |
| *Very Poor* |  | *Very Good* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **How do you view the performance / approach by the CLINIC STAFF in the supervision of your casework? Please provide a mark for each of the following questions:**

Encouraging ALL members of the Student Law Firm to participate:

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

Creating an open and co-operative atmosphere during Clinic meetings:

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

Providing you with constructive feedback on your work:

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

Making it easy for you to ask questions in Clinic meetings:

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

Dealing effectively with questions in Clinic meetings, including responding to questions which needed to be taken away from the meeting:

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

Dealing effectively with questions asked outside of your scheduled Clinic meetings:

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

Being well informed on the subject matter:

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

Was your supervisor enthusiastic in their dealings with you:

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

Were the subject matters discussed, emails received or alterations to letters put into a practical context:

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

Improving your understanding of the legal process:

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

Effectively manage their supervision time:

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

Effectively manage their supervision so that you derived maximum educational benefit from your participation in the Clinic module:

|  |  |  |
| --- | --- | --- |
| *Very Little* |  | *A Great Deal* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

1. **Please use the space below to:**
	1. Explain and provide details of why you feel your supervisor has performed below average in any of the areas defined in question 2

AND/OR

* 1. Make any constructive suggestion that you feel would improve the supervision provided by Clinic staff.

*It would be helpful if you could provide as much detail as possible*

|  |
| --- |
|  |

1. **Please tell us about times when the Clinic staffs have made your supervision and experience of Clinic work well for you. It would be helpful if you could give as much detail as possible, and where you are providing feedback on a member of Clinic staff who is not your supervisor you advise us of whom you are referring to:**

|  |
| --- |
|  |

1. **Taking into account your responses and replies to the questions above, how do you rate the QUALITY OF SUPERVISION by Clinic staff overall?**

|  |  |  |
| --- | --- | --- |
| *Very Poor* |  | *Very Good* |
| 1 |  |  |  | 2 |  |  |  | 3 |  |  |  | 4 |  |  |  | 5 |  |  |  |

**Thank you for completing this form: please email it to your supervisor or leave it their in-tray or if you would prefer pass/email to XX directly.**