

**LOYOLA SCHOOL OF LAW  
EXTERN PROGRAM  
BI-WEEKLY EVALUATION**

Student's Name: \_\_\_\_\_  
Evaluator's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Office: \_\_\_\_\_

\* \* \* \* \*

**TO THE SUPERVISOR: PLEASE COMPLETE THIS EVALUATION, DISCUSS IT WITH THE STUDENT AND SUBMIT IT TO THE ADDRESS LISTED BELOW.**

1. Has the extern's attendance been regular and punctual?  
Yes\_\_ No\_\_ Comments

2. On what projects has the extern worked?

3. Please comment on the quantity of the extern's work.

4. Please comment on the quality of the extern's work. We would appreciate your candid appraisal of the student's strengths and weaknesses.

Additional comments

Signed: \_\_\_\_\_ Date:

Please return to:

Associate Dean James J. Faught  
Loyola School of Law  
25 East Pearson Street  
Chicago, IL 60611  
Fax: (312) 915-6911