HEALTH LAW EXTERNSHIP FINAL EVALUATION FORM
This form should be completed by the externship supervisor at the end of the externship term. Please submit to Kristin Finn at Kfinn1@luc.edu.

To Externship Supervisor: Please complete this final evaluation of your Loyola student extern. Discuss your feedback with the student extern and submit this to the Assistant Director listed above.

Externship Site:_________________________________________________________________________

Loyola Student Extern:_________________________________________________________________

Supervisor Completing This Form:___________________________________________________________

Supervisor Email:__________________________  Supervisor Phone:_______________________________

1) How well did the student grasp the underlying principles and goals of the assigned work?
   Excellent 1 2 3 4 5  Poor
   Comments:

2) How well did the student display the necessary skills to complete the assigned work?
   Excellent 1 2 3 4 5  Poor
   Comments:

3) Rate the overall quality of the student’s work.
   Excellent 1 2 3 4 5  Poor
   Comments:

4) Rate Loyola’s externship program, including communication with you, responsiveness to concerns, etc.
   Excellent 1 2 3 4 5  Poor
   Comments:

5) How often did you meet with the student to review his/her work and/or provide feedback?

6) Would you hire another Loyola student extern in the future?

_______________________________________
Supervisor Signature & Date

For Internal Use Only  Date Received___________________     Action _____________________________________________
Notes__________________________________________________________________________________________