

## HEALTH LAW CLINIC–FINAL REPORT FORM

NAME: \_\_\_\_\_ Semester and Year: \_\_\_\_\_

Hours completed: \_\_\_\_\_ of 100 (2 cr.) or \_\_\_\_\_ of 150 (3 cr.) \_\_\_\_\_ of \_\_\_\_\_ Date: \_\_\_\_\_

PLACEMENT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

### A. Placement Experiences

1. Please describe the nature of the work you have been doing:

2. Please describe any observations you have made / meetings you have attended:

### B Supervision at Placement.

1. Please assess the quality of the supervision you have received. Describe *any problems* you have experienced in obtaining (i) assignments,(ii) instruction or (iii) critique / feedback.

2. Describe any plans you and your supervisor have made for your experience during the remainder of the semester(s).

### C. Benefits / Course-Placement Connection.

1. Please describe the most significant things you have *learned / learned about* in your placement.

2. Please comment upon the *linkages between the class and the placement* work (e.g. whether the class helps prepare you for the work, whether it provides a forum to reflect upon the work, whether the work informs and allows you to better understand the class activities.)