

HEALTH LAW CLINIC--INTERIM REPORT ___#1 ___#2

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.)