

## *Summer.868@Application* Addendum A – Statement of Supervising Attorney

Program Name:			
Supervising Attorney Name: _			
Supervising Attorney Email Ac	1dress:		
Program Address:			
City:	State:	Zip Code:	
Student Name:			
		minimum of 400 hours total)	

## By my initials and signature below, I agree to and understand the following:

\_\_\_\_\_ I will ensure that the law student receives an orientation about the office's mission, workplace policies and procedures, available resources, and the confidentiality of client information, documents, and files. I will also provide training materials or a list of suggested readings.

\_\_\_\_\_ The law student will be assigned to do significant legal work. I agree to assign tasks based on his/her needs, keeping in mind that some projects and/or opportunities for observation are more suited to student objectives than others. I will plan challenging assignments, including substantive legal research and writing.

\_\_\_\_\_\_I will be responsible for monitoring and evaluating the law student. If he/she receives work from several people, I will be aware of all assignments and resolve any conflicts. He/she may occasionally work with non-lawyer professionals, but I understand that the law student's work must be primarily legal in nature. I will meet regularly with him/her to discuss cases, proceedings, clients, professional responsibility issues, and activities observed, knowing such interactions will help him/her develop insight into the role of lawyers.

Signature