

**EVALUATION FORM FOR SUPERVISOR**

1. **Supervisor Lawyer Information**

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Trainee Information**

Name of Trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Program Objectives:**

a. Did you have a clear understanding of the program's objectives and expectations?

[ ]  Yes, fully [ ]  Mostly [ ]  Somewhat [ ]  Not very clear [ ]  No, not at all

b. Did the trainee have a clear understanding of the program's objectives and expectations?

 [ ]  Yes, fully [ ]  Mostly [ ]  Somewhat [ ]  Not very clear [ ]  No, not at all

c. How well did the program align with the trainee's career goals and areas of interest?

[ ]  Extremely well [ ]  Moderately well [ ]  Adequately [ ]  Partially [ ]  Not at all

1. Did the University prepare the trainee adequately to undergo the licensing training program?

 [ ]  Extremely well [ ]  Moderately well [ ]  Adequately [ ]  Partially [ ]  Not at all

1. Comment on any area of weakness in the law degree program that Universities should focus on improvements:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Mentorship, Support and Guidance:**

a. How would you rate your accessibility and support for the trainee during the program?

[ ]  Always available and supportive [ ]  Available when needed [ ]  Limited availability

b. Did you provide regular feedback and mentoring to the trainee?

[ ]  Yes, consistently [ ]  Sometimes [ ]  Rarely [ ]  No

c. What additional resources or support could be provided to enhance the trainee’s experience?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Bar Exam Preparation:**

a. How well did the training placement program prepare the student for the Bar Exam?

[ ]  Very well [ ]  Moderately well [ ]  Satisfactorily [ ]  Minimally [ ]  Not at all

[ ]  Not applicable; they completed BE before starting training

b. Comment on any specific areas where you feel the program could further enhance Bar Exam preparation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Program Structure and Resources:**

a. Assess the overall structure and organization of the licensing training program:

[ ]  Excellent [ ]  Satisfactory [ ]  Needs improvement

b. Were there sufficient resources and support available to facilitate the Trainee's learning and development?

[ ]  Yes, more than enough [ ]  Adequate [ ]  Insufficient [ ]  Severely lacking

1. **Program Feedback:**

a. Do you believe the BCM Licensing Training Program adequately prepares aspiring lawyers for entry into the legal profession?

[ ]  Yes, strongly agree [ ]  Agree [ ]  Disagree [ ]  Strongly disagree

b. Suggest any improvements or modifications to the program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Support and Resources:**

a. Evaluate the availability and responsiveness of BCM’s program staff to address your questions or concerns:

[ ]  Excellent [ ]  Good [ ]  Average [ ]  Below Average [ ]  Poor

**10. Additional Comments:** If you have any additional comments, suggestions, or feedback regarding the overall Licensing Training Program, please share them here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_