Goals Form

Student Extern Name: Semester/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Externship Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Attorney Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Attorney’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Attorney’s Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fill out this form detailing the skills you wish to develop and the goals you have for the semester. Meet with your supervisor within two weeks of the externship start date to discuss your goals for the semester and your supervisor’s expectations. This includes specific skills and knowledge you wish to develop and the assignments and projects on which you will work. Ask you supervisor whether there any additional goals, or skills they wish for you to develop.**

**STUDENT GOALS/EXPECTATIONS:**

1. **What skills and knowledge do you hope to develop through your externship?** General **s**kills might include legal research, legal writing, communication, fact investigation, interview skills**.** Specific skills might include learning to draft a complaint, respond to interrogatories, research and analyze regulations, review documentation, etc.
2. **What projects and assignments might help you achieve these goals?** For example,what activities or projects could help strengthen your legal research and writing skills? What activities could strengthen your oral communication skills? What projects could help strengthen your fact investigation and interview skills?
3. **What other goals do you have for your externship?**

**ATTORNEY SUPERVISOR GOALS/EXPECTATIONS:**

1. **On what specific projects or assignments do you anticipate your extern will be working this semester?**
2. **What skills do you expect the extern to develop? What other expectations or goals do you have for the extern?**
3. **In what ways will you assist the extern in achieving their goals?**
4. **How will you be providing supervision and feedback to the extern?**

By signature below, I confirm that I have reviewed my goals and expectations for this externship with my supervising attorney.

  **Student Extern Signature**  **Date**

By signature below, I confirm that I have reviewed the student extern’s goals and expectations and have added any addition goals and expectations I have for the student extern.

 **Supervising Attorney Signature** **Date**

By signature below, I confirm that I have reviewed this form for completion and receipt of necessary signatures.

 **Faculty Supervisor Signature** **Date**