Name:_____

CLINIC QUESTIONNAIRE

This questionnaire is designed to give us more general information about you and your background, so we can enhance your Clinic experience.

1. Why did you enroll in Law Clinic?

2. What personal or professional experiences do you have that you think will help you in your Law Clinic experience?

3. What would you like to accomplish while you are in Law Clinic?

4. How many other credits are you enrolled in this semester?

5. Do you have a job or another internship this semester? Where? For how many hours each week? What kind of work are you doing there?

6. Is there anything else you would like us to know about you?