

Widener University School of Law
4601 Concord Pike, Wilmington, DE 19803

Externship Faculty:
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CLINICAL PUBLIC INTEREST EXTERNSHIP PROGRAM
PLACEMENT PLAN

Name of Agency:

Address:

Phone: _____ FAX: _____

Brief description of organization's legal work:

Attorney(s) who will supervise clinical student(s):

Name _____

Law School Graduated _____

Bar Admissions and Year _____

Has this attorney supervised clinical students from Widener University School of Law or other law schools in the past?

Yes Number of students?

Schools? _____ When? _____

No

Indicate the number of Widener University School of Law students this supervising attorney would be able to adequately supervise for the following semesters:

Fall Semester (14 weeks) ___ Spring Semester (14 weeks) ___ Summer Term (7 weeks) ___

Please answer the following (attach additional pages if necessary):

1. Describe the types of lawyering skills (e.g., interviewing, counseling, negotiation, fact investigation, legal research, preparation of legal memoranda, drafting of legal pleadings and documents, administrative representation, trial advocacy and appellate advocacy) in which each student will engage under your supervision.

2. Please indicate the types of written work the student(s) will produce (e.g., legal memoranda, legal documents, pleadings, briefs).

3. Please indicate that you have or are willing to review the student's draft of tentative goals for the externship and what kind of experiences might help him or her to meet those goals. If you have already met, please briefly list/outline 3 tasks/specific objectives the student hopes to accomplish this semester.

4. Describe how you will supervise each student (e.g., general orientation to office policies and procedures, procedural and substantive law training, review and critique of student work, courtroom observation, daily or weekly review of student casework).

5. Estimated number of hours during the semester or term the Supervising Attorney will spend training and supervising each student?

Date: _____

Authorized Signature

Printed Name and Title

