UNIVERSITY OF WESTERN SYDNEY (the “University”)

PLACEMENT ORGANISATION EVALUATION FORM

________________________
Name of Organisation

________________________
Name of Placement Supervisor

________________________
Name of Legal Supervisor (if different) and Firm

________________________
Address of Placement Organisation

(___)_____________________ (___)_____________________
Phone Number Fax

________________________
Email

___________
Date placement began Date placement ended

Did the Student complete the assigned work in a timely manner?

Did the student perform in a professionally responsible manner?

What was most beneficial for your organisation about this experience?

________________________________________________________

________________________________________________________

Would you take on another student in the PBSA programme?

Do you have any comments or suggestions concerning the PBSA programme?