

PRO BONO PROJECT EVALUATION



Name: _____ Date: _____
(Optional)

1. Do you have any suggestions of ways to improve our referral process?

2. Is there any additional information you would have liked to receive before you were contacted by the client?

3. Are there changes you would suggest to make our services to volunteer attorneys better?

4. Did the client have other issues they wanted assistance with? _____
If yes, did you assist them or refer them back to the ABLE/LAWO Legal Aid Line?

5. Please add any experience that you would like to share.

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