

Lawyer's Name: \_\_\_\_\_

### **Did the Legal Clinic help you?**

1. Did the lawyer listen to you?    ☐Yes    ☐No
  
2. Did the lawyer explain things clearly?    ☐Yes    ☐No
  
3. Do you feel good about the way you were treated?    ☐Yes    ☐No
  
4. Did you get help with your legal problem?    ☐Yes    ☐No
  
5. Do you want to say anything else about the Legal Clinic?

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**Thanks!**