Duquesne University
School of Law

Externship Handbook
Fall 2018 & Spring 2019

Course Requirements, Policies and Forms
EXTERNSHIP PROGRAM OVERVIEW

JOURNALS AND TIMESHEETS MUST BE RECEIVED BY 4:30 P.M. ON THE LAST DAY OF THE SEMESTER IN ORDER TO EARN CREDIT.

The Basics:

- All externships must be approved in advance by Prof. Katherine Norton, Director of Clinical Legal Education or Prof. Grace Orsatti, Externship Director. Students must complete the Externship Application available online or near the end of this document as soon as they have been accepted by a site. Once the completed Externship Application is received, the externship office will determine if it is to be approved. If approved, the registrar’s office will be notified by the externship office.
- Journal topics and due dates will be provided by the individual seminar professors.
- All externships are graded Pass/Fail.
- If you have a pending or secured externship, you must attend one of the mandatory orientation meetings during the first week of the semester.
- Externs can only earn academic credit for work performed. Monetary compensation is prohibited.
- The enclosed Student Performance Agreement is due within the first two weeks of work.
- Timesheets must be signed by a supervisor who is an active member of the bar or credit will not be given for those hours. Do not submit unsigned timesheets. Signed timesheets may be faxed, mailed, emailed and scanned by your supervisor. Each timesheet may contain one or two week’s work only. Timesheets that are not descriptive will be returned.
- Students must submit journals to Mrs. Licciardello or their seminar professor.
- It is the extern’s responsibility to submit all required documents on time.
- SIGNED TIMESHEETS ARE TO BE SUBMITTED BI-WEEKLY TO MRS. LICCIARDELLO OR PROF. ORSATTI.
- PLEASE KEEP A COPY OF ALL YOUR TIMESHEETS AND JOURNALS.

Contact Information:

- Prof. Katherine L.W. Norton  
  Director of Clinical Education  
  Tribone Center for Clinical Legal Education  
  412-396-1688  
  Fax 412-396-5287  
  nortonkl@duq.edu

- Prof. Grace Orsatti  
  Externship Director  
  Tribone Center for Clinical Legal Education  
  412-396-1214  
  Fax 412-396-5287  
  orsattig@duq.edu

- S. Beth Licciardello  
  Office Manager  
  Tribone Center for Clinical Legal Education  
  412 396-4730  
  Fax 412 396-5287  
  licciardello@duq.edu

Tribone Center for Clinical Legal Education  
912-914 Fifth Avenue  
Pittsburgh, PA  15219
STUDENT INFORMATION

1. Eligibility. Second and third-year law students with a cumulative GPA of 2.0 or higher are eligible to participate in an externship. Students with an overall GPA below a 2.0 may be ineligible for participation and should notify the director at the first appointment to determine eligibility. Students must meet with Prof. Katherine Norton, Director of Clinical Legal Education or Prof. Grace Orsatti, Externship Director, before an externship can be approved.

2. Externships. Private law firms are not approved unless they are nonprofit public interest entities (cf. section 501(c)(3) of the Internal Revenue Code) and the student is unpaid. New externships can be approved if they provide a significant opportunity not otherwise available, meet clinical educational objectives and department standards, and afford adequate field and faculty supervision.

3. Credit. Hours cannot be accrued during travel time, lunch, breaks, or holidays. Credit can be granted only after satisfactory completion of 46 hours of work for 1 credit, 93 hours of work for 2 credits and 140 hours of work for 3 hours of credit. No more than 18 non-classroom credits may be counted towards the J.D. degree.

4. Seminar requirements. Concurrent enrollment is required in a corresponding Advanced, Judicial, Public Interest, or Government Seminar. Students who have previously been enrolled in an externship must also complete a seminar. Students will be placed in the appropriate seminar when they submit their registration paperwork. Seminar hours DO NOT count towards externship hours.

5. Reporting requirements. Timesheets may be hand-delivered, emailed or faxed to Ms. Licciardello or Professor Orsatti.

6. Evaluations. Field supervisors are required to complete mid-term and final evaluations of their externs. The mid-term evaluation is intended to encourage discussion between the extern and supervisor about the externship’s direction and progress. The final evaluation is completed by the supervisor alone. Externs must also complete a Student Externship Evaluation at the end of the externship.
EXTERNSHIP COURSE REQUIREMENTS

1. **Attend Mandatory Orientation** – The orientation will be held on two different days during the first week of class. Location TBA.

2. **Mandatory Performance Agreement** (enclosed)
   - The Performance Agreement must be signed by you and your supervising attorney and returned to Ms. Licciardello within the first 2 weeks of school.

3. **Course Components**
   - Perform all hours.
   - Submit weekly signed timesheets.
   - Submit timely journals.
   - Submit evaluations.
   - Attend corresponding externship seminar.

4. **Hours**
   - Orientation and training hours at your placement count towards your hourly requirements.
   - All hours must be completed at your placement site. Credit will not be awarded for time spent traveling to and from the externship, time spent on break.
   - Students are not allowed to work in environments where they are not directly supervised by an attorney. If in doubt, consult Prof. Norton or Prof. Orsatti for guidance.
   - It is your responsibility to provide your supervisor with your schedule: the days and times you will work, any time you plan to take off (e.g., spring break) and when you plan to complete your hours.

5. **Timesheets**
   - The earliest date to record hours is the first day of class.
   - Timesheets are due bi-weekly. If you foresee a problem, you must notify the Professor Orsatti or Ms. Licciardello. Timesheets that are late may not be counted, at the discretion of the director.
   - Timesheets must be signed and returned by your supervising attorney, not a paralegal or a secretary.
   - Law clerks in judicial chambers may sign timesheets.
   - Unsigned timesheets will not be accepted. The hours will not count.
   - The “Description of Activity” section must be completed. One to two sentences will suffice.
   - Hours are to be reported in quarter increments, i.e. .25, .50, .75.
   - Working lunches can be counted.
   - The last date to earn hours is the last day of exams.
   - **Keep copies of all timesheets for your records.**

6. **Reflective Journals**
   - All journals are kept confidential and will only be read by the externship seminar professors.
   - Journals must be prepared according to the confidentiality policies of your placement.
   - Journals are required, but may not be counted towards externship hours.
7. Seminars
   - Attendance will be taken. It is your responsibility to find out the allowable number of absences from the professor.
   - Semester-long attendance is required even if your externship is completed early.

9. Evaluations
   - It is your responsibility to meet with your supervising attorney to discuss your Mid-Semester Performance Evaluation as well as reminding your supervising attorney to complete same.
   - The Student Externship Evaluation contained in this packet is due at the end of your externship.
   - Your supervising attorney will also complete a Final Performance Evaluation when your externship has been completed. You need not be present for this evaluation.

10. Grading
    - A passing grade will only be given when all the following criteria are met;
      1. All fieldwork hours are completed and documented.
      2. All journals are received.
      3. A favorable Mid-Semester and Final Performance Evaluation from the supervising attorney has been received.
      4. The Student Externship Evaluation has been received.
      5. Students have attended the required number of seminars.

11. Problems
    - If students encounter any problems at their placement they should immediately contact the Clinical Legal Education Director, Prof. Katherine Norton at 412-396-1688 or nortonk1@duq.edu, or the Externship Director, Prof. Grace Orsatti at 412-396-1214 or orsatti@duq.edu. All comments will be kept confidential.
**EXTERNSHIP COURSES**

**SEMINARS**

A corresponding seminar must be taken in conjunction with all externships. Seminars meet every other week. Time in the seminar class does not count towards externship, but is required. Students will not receive a passing grade in their externship without completing the appropriate seminar.

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<tr>
<th>Seminar</th>
<th>Instructor</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>Judicial Seminar</td>
<td>Prof. Grace Orsatti</td>
<td>Thurs. 5:00-5:40 p.m.</td>
<td>208 Tribone Center</td>
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<tr>
<td>Non-Profit / Government Seminar</td>
<td>Prof. Grace Orsatti</td>
<td>Mon. 3:00-3:40 p.m.</td>
<td>208 Tribone Center</td>
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<tr>
<td>Advanced Seminar</td>
<td>Prof. Grace Orsatti</td>
<td>Thurs. 5:00-5:40 p.m.</td>
<td>208 Tribone Center</td>
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If there is a time conflict between a student’s corresponding seminar and another class, the Clinical Programs Office will seek to place the student in a seminar that works best. As the seminar is an ABA externship requirement, only under special circumstances may the seminar be waived. Decisions are made on a case by case basis by the Clinical Programs Office.
DUQUESNE UNIVERSITY SCHOOL OF LAW
EXTERNSHIP APPLICATION

1. Students must meet with the Externship Director, Prof. Grace Orsatti, before securing an externship placement. Prof. Orsatti will guide you through the externship program. 2. Students should submit a writing sample and resume and in certain cases letters of recommendation to Ms. Licciardello who will then secure the placement. 3. Good academic standing and a minimum cumulative G.P.A. of 2.0 is required. 4. Participation will be at the discretion of the Director. 5. A corresponding seminar is required unless waived.

Registration for: Fall ______ Spring ______ Summer ______ Year: ______ #Credits ______

Name: ___________________________ ID#: ___________________________ 2D/3D/2E/3E/4E/4PTD

Address: _____________________________________________________________

City: ___________________________ State: __________ Zip: ________________

Home Phone: __________________________ Message Phone: __________________________

E-mail Address: _______________________________________________________

Prerequisites/Related Courses Completed (check all that apply):

-_______ Bankruptcy -_______ Corporations -_______ Evidence -_______ Mediation
-_______ Con. Law -_______ Entertainment -_______ Immigration -_______ Securities Reg.
-_______ Copyright -_______ Environmental -_______ Juvenile -_______ Trial Practice

Other related courses: __________________________________________________

Externship Information: *(Complete & Accurate information is required)*

Agency: ____________________________________________________________

Department/Division/Judge: ____________________________________________

Address: __________________________________________________________

City: ___________________________ State: __________ Zip: ________________

Supervisor: ___________________________ Title: __________________________

Phone: ___________________________ Fax: __________________________

E-mail: ___________________________

Start Date: (mm/dd/yy) ____________________ End Date: (mm/dd/yy) ____________________

Anticipated Work Days: M_____ T_____ W_____ TH_____ F______

Student’s Signature: ___________________________ Date: ______________

Your signature indicates you wish to be officially enrolled and that you have read and agree to the rules and regulations in the Academic Bulletin.

*ADMINISTRATIVE USE ONLY*

G.P.A. Verified _______ COURSE __________________________

Confirmation Offer Rec’vd _______ CREDITS __________________________

Confirmation to Supervisor _______ SEMINAR __________________________

Notes: _____________________________________________________________

Sent to Records: ___________ Director’s Approval: ___________
confirmation of externship offer

To be completed by the employer

Please complete this form and mail or fax it back to Duquesne University School of Law (address below). You may also email confirmation of an offer to Prof. Grace Orsatti at orsattig@duq.edu. Please be sure to include all of the following information.

I am authorized to offer an externship position to ________________________________

for the semester beginning __________________________

Name of supervising attorney or judge: ________________________________

Title: ________________________________

Agency/Organization: ________________________________

Address: ________________________________

______________________________

______________________________

Phone: ______________________ Fax: ______________________

Email (voluntary): ________________________________

Signature of Supervisor

Fax or Mail to:

Grace W. Orsatti, Esquire
Externship and Pro Bono Director
Duquesne University School of Law
Tribone Center for Clinical Legal Education
600 Forbes Avenue
Pittsburgh, PA  15282
Phone: (412) 396-1214
Fax: (412) 396-5287
orsattig@duq.edu
As a Duquesne University School of Law extern, I agree to:

1. Be familiar with, and comply with, all Duquesne University School of Law Clinical Programs policies and procedures as set forth in the document provided to me entitled Duquesne University School of Law Externship Handbook as well as with any other requirements or policies contained in the Law School Academic Bulletin.

2. Be fully aware of my professional and ethical obligations at all times in my workplace. I agree to adhere to the Confidentiality Policy of the Clinical Programs, as well as to familiarize myself with, and adhere to, the confidentiality policy of my workplace. The Confidentiality Policy of the Clinical Programs is as follows:

“Externs shall not reveal information designated as confidential by their supervisor. Externs shall not reveal information relating to the representation of a client, disclose the identity of a client or reveal information leading to the disclosure or identity of a case or client without the express advance authorization of their supervisor. Externs shall redact all written work submitted to the Clinical Programs office to preserve confidentiality.”

3. I agree that my externship with ___________________________ will begin _________ and end ____________. I will not alter these dates without obtaining the express consent of my supervisor and Professor Grace Orsatti, Externship Director. I agree to work _______ hours per week. I agree not to discontinue my externship for any reason without first obtaining the permission of the Clinical Programs office.

4. I understand that it is solely my responsibility to submit all documents on time that are required to complete this externship course. It is solely my responsibility to verify with the Clinical Administrator that I have completed all course requirements on or before the last due date for the semester or summer session.

5. I understand that I will not receive credit for my externship unless and until this document is signed by me and my supervisor and I comply with the other requirements of the Clinical Programs office.

I have read this Student Performance Agreement and understand and agree to comply with it. I understand that my signature reflects my agreement with the terms herein. I also acknowledge receipt of and understand and agree to comply with the document entitled Duquesne University School of Law Externship Handbook.

Signature of Supervisor (Primary) ________________________________

Signature of Student ________________________________

Printed Name ________________________________

Printed Name ________________________________

Date: ________________________________

Date: ________________________________

Additional Supervisors:

______________________________

______________________________
Duquesne University School of Law
Extern Timesheet

Due bi-weekly • Fax (412) 396-5287

Week #_____

(Please print.)
Student’s Name: ________________________________

Externship/Agency: ____________________________
(Example: U.S. District Court, PD’s Office)

Externship Supervisor: _______________________
(If judicial, print the name of the judge. Immediate supervisor signs below.)

<table>
<thead>
<tr>
<th>DATE (mm/dd)</th>
<th>TOTAL HOURS¹</th>
<th>Hrs. w/ Supervisor²</th>
<th>Hrs. Independent</th>
<th>DESCRIPTION OF ACTIVITY</th>
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Total Hours³: _________________________________ (to last quarter-hour completed, e.g., 9.75, 13.25)

*I certify that the above hours are accurate. I understand that an intentional misrepresentation of hours will subject me to disciplinary action.

Student’s Signature: ________________________________ Date: _______

Supervisor’s Signature: ________________________________ Date: _______

Supervisor’s Printed Name: ____________________________

Office Use:

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¹ Total hours worked includes the total hours the extern worked with supervision and the time the extern spent working independently.
² Hours worked with supervision includes case review meetings, telephone conferences, and court or other case required appearances.
³ Please Note: Lunch hours are excluded from fieldwork hours.
Student: 
Agency: 
Supervising Attorney: 

Please comment with respect to the factors listed below where appropriate.

**Quantity** – Amount of work performed; completion of work on schedule.

**Quality** – Accuracy; neatness; thoroughness; amount of revision necessary.

**Work Habits** – Punctuality; attendance; observance of rules and regulations.

**Personal Relations** – Getting along with fellow employees; meeting and handling the public; grooming.

**Adaptability** – Performance in new situations or with minimum instructions; initiative (e.g., suggestions, constructive criticism.)

**Progress** – Speed and thoroughness of learning; efforts at self-improvement.
Ability to Write Effectively


Interviewing Ability (if applicable)


Comments and Goals


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<tr>
<th>Field Supervisor’s Signature</th>
<th>Position</th>
<th>Date</th>
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<tr>
<td>Student’s Signature</td>
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<td>Date</td>
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</table>
DUQUESNE UNIVERSITY SCHOOL OF LAW
Student Externship Evaluation

NAME: ____________________________________________________________

TERM & YEAR: ____________________________________________________

EXTERNSHIP NAME (include judge, dept./division): ______________________

______________________________________________________________

SUPERVISOR(S): _________________________________________________

At the completion of your externship, please complete this form as candidly and thoroughly as possible. It will not be shown to your supervisor. The information will be used by the faculty and administration to evaluate your externship experience and to assist future students. CREDIT WILL NOT BE GRA NTED FOR YOUR EXTERNSHIP WORK UNTIL THIS FORM IS COMPLETED AND RETURNED TO THE CLINIC. OUR FAX IS (412) 396-5287.

1. PLEASE DESCRIBE YOUR WORK IN THE EXTERNSHIP PLACEMENT:

2. WHAT COURSES DID YOU FIND HELPFUL IN PREPARING YOU FOR THIS EXTERNSHIP?

3. WHAT COURSES, IF ANY, DO YOU THINK MIGHT HAVE BETTER EQUIPPED YOU TO LEARN FROM THIS EXTERNSHIP?

4. WAS YOUR WORK ASSIGNED BY ONE SUPERVISOR OR BY VARIOUS SUPERVISORS INDEPENDENTLY FROM ONE ANOTHER?
5. DID YOU EXPERIENCE DIFFICULTIES IN GETTING WORK ASSIGNED TO YOU? IF SO, PLEASE EXPLAIN:

Page 2

6. PLEASE IDENTIFY YOUR SUPERVISORS AND COMMENT ON THE CLARITY OF THEIR GUIDANCE OR INSTRUCTION; THE TIMING AND HELPFULNESS OF THEIR FEEDBACK AND THEIR ACCESSIBILITY TO YOU AND THEIR ABILITY OR DESIRE TO DELEGATE SUFFICIENT RESPONSIBILITY AND INDEPENDENCE TO ENABLE YOU TO HAVE A MEANINGFUL LEARNING EXPERIENCE:

7. PLEASE DESCRIBE THE ATMOSPHERE (E.G. FORMAL? BUSY? RELAXED? INTENSE?) OF THE PLACEMENT:

8. PLEASE DESCRIBE YOUR WORKLOAD (TOO LIGHT? TOO HEAVY? WELL MANAGED?)

9. WHAT DO YOU FEEL ARE THE MOST SIGNIFICANT THINGS YOU LEARNED IN THIS EXTERNSHIP?
   - ABOUT THE PROFESSION?
   - ABOUT YOURSELF?
   - OTHER?
10. **WOULD YOU RECOMMEND CONTINUING THIS PLACEMENT IN THE EXTERNSHIP PROGRAM? PLEASE EXPLAIN YOUR ANSWER.**

11. **HOW WOULD YOU RATE THIS EXTERNSHIP EXPERIENCE COMPARED TO OTHER COURSES?**

   ______ One of the best in school
   ______ Good
   ______ Average
   ______ Below Average
   ______ Unacceptable

12. **WHAT ADVICE WOULD YOU OFFER A STUDENT CONSIDERING THIS PLACEMENT?**

13. **WHAT CHANGES, IF ANY, WOULD YOU SUGGEST BE MADE IN THE EXTERNSHIP PROGRAM?**
   
   • **CLINICAL STAFF AND ADMINISTRATION?**
   
   • **REQUIRED CONCURRENT COURSE, IF ANY?**
   
   • **FACULTY ADVISORS, IF ANY?**
DUQUESNE UNIVERSITY SCHOOL OF LAW
EXTERNSHIP SUPERVISOR’S EVALUATION FORM

Externship Placement: ____________________________________________________________
Field Supervisor(s): _____________________________________________________________
Student Extern: _________________________________________________________________
2D, 2E, 3D, 3 PTD, 4E, 4PTD (circle one)

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<tr>
<th>LAWYERING SKILLS</th>
<th>Not Applicable</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
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<td>Other Skills</td>
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<tr>
<th>PROFESSIONALISM/ WORK HABITS</th>
<th>Not Applicable</th>
<th>Poor</th>
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<th>Excellent</th>
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<td>Client Relations</td>
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<td>Office and Staff Relations</td>
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STRENGTHS: Please describe the extern’s contributions to your chambers or office, such as the type of projects completed or areas in which the extern showed particular strength or skill:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

NEEDS IMPROVEMENT: For each category in which you rated the extern “Poor” or “Fair”, please provide examples or otherwise describe the reason for the rating:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

EXTERNSHIP PROGRAM: Do you have any suggestions for improving our externship program in general or ways we might assist you better in the future?

__________________________________________________________________________

__________________________________________________________________________

STUDENT FEEDBACK: Although not required we encourage supervisors to review evaluations with students as part of an exit interview. Please check below if you have done so:

_____ I have reviewed this evaluation with the student.

Date: __________________________

Thank you for participating in the Duquesne University School of Law Externship Program. Please return the completed form to:

S. Beth. Licciardello
Office Manager
Duquesne University School of Law
Tribone Center for Clinical Legal Education
600 Forbes Avenue
Pittsburgh, PA 15282
licciardellos@duq.edu
(412) 396-4704
(412) 396-5287 fax