

Lawyers in the Classroom

Attorney School Visit Form

To be completed by team leader after each visit.

Date of Visit _____
Team Leader Name _____
Name of Firm _____
Partner School _____

Classroom 1

Name of Teacher _____
Names of Attorneys _____
Lesson Completed _____
Grade of Students _____
Comments:

Classroom 2

Name of Teacher _____
Names of Attorneys _____
Lesson Completed _____
Grade of Students _____
Comments:

Classroom 3

Name of Teacher _____
Names of Attorneys _____
Lesson Completed _____
Grade of Students _____
Comments:

Classroom 4

Name of Teacher _____
Names of Attorneys _____
Lesson Completed _____
Grade of Students _____
Comments:

*Please complete this form after each visit to the partner school
and fax it to Jessica at CRFC at 312.663.4321. Thanks.*