



**THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS**

**FACULTY OF LAW
LL.M. PROGRAMME**

**INTERN ASSESSMENT
SUPERVISOR'S REPORT FORM**

Report for:

Name of Intern:

Intern UWI ID No.:

Supervisor:

Department/Division

Country:

DRAFTING ACTIVITY RECORD

Total Number of Legislative Pieces Drafted to Date:

Item No.	Title of Legislation	Date Commenced	Date Completed
1			
2			
3			
4			
5			

ASSESSMENT OF PROGRESS

How do you rate the intern's progress across the following criteria? Please provide a numerical grade (%) for the intern's performance in each category.

Rating Scale –

- *Excellent: 80% - 100%*
- *Very Good: 70% - 79%*
- *Good: 60% - 69%*
- *Satisfactory/Fair: 50% - 59%*
- *Poor: Below 50%*

1. **Clarity of Legislation:** The draft uses precise language, avoids ambiguity, and is easily understood by the intended audience.
 - **Rating:** _____%

2. **Comprehensiveness:** The legislation covers all necessary legal aspects, ancillary powers, and consequential amendments required for a complete legal framework.
 - **Rating:** _____%

3. **Effectiveness for Implementation:** The draft is practically sound and can be effectively enforced or administered by relevant authorities.
 - **Rating:** _____%

4. **Adherence to Instructions & Sound Judgment:** The intern followed the initial instructions provided but demonstrated the professional judgment to modify those instructions when necessary to ensure the production of a legally sound draft.
 - **Rating:** _____%

5. **Complexity of Legislation Drafted:** The intern navigated intricate legal issues, novel subject matter, or highly technical regulatory frameworks, and managed drafts that involved significant interplay with existing statutes or multiple stakeholders.
 - **Rating:** _____%

OVERALL RATING:

SUPERVISOR'S COMMENTS

Provide specific feedback on the intern's ability to balance instructions with the requirement for a sound draft.

INTERN'S COMMENTS

The intern may comment on the guidance received or challenges faced during the drafting process.

SIGNATURES

Signature of Supervisor: _____ **Date:** _____

Signature of Intern: _____ **Date:** _____