

comes in order to be successful. The literature explains that gaining control over a classroom and building a rapport with students takes time, but following the techniques described in the literature, combined with patience, can help the fellows provide a positive learning environment in the clinic.²¹³

We finish the class by reminding fellows that teaching, like lawyering, is not always instinctive even though some will become better teachers than others. All teachers, however, can become very good teachers if they are intentional about their work, have goals, prepare each class session with backward design to achieve those goals, and implement methods that allow each student to attain what they need from the class.

VI. FEEDBACK, EVALUATION, AND GRADING

The classes described thus far form the foundation of our Pedagogy course with respect to supervision and teaching. They have introduced the fellows to the complexity of the clinical teaching model, explained the importance of context and identity in lawyer-client relations, and provided the fellows with some supervision and teaching tools as they begin their work as clinical professors. Teachers in an academic setting, however, are also required to evaluate and grade the students they teach. Thus, the Pedagogy course begins a discussion with the fellows about the relationship among feedback, evaluation, and grading. The goals for this class are to help fellows understand the distinct yet overlapping concepts of feedback, evaluation, and grading; to explain how evaluation relates to and leads to grading; to introduce them to grading rubrics; to identify common challenges that arise in the evaluation process and to develop responses to those challenges; and to help the fellows learn evaluation techniques by simulating evaluation sessions with students.

Many clinical teachers acknowledge that evaluation and grading are two of the more difficult aspects of their jobs, in part because of the evaluation system required by their schools. Most law schools have mandatory or recommended curves that reflect statistical performance measures achieved during single events like exams, quizzes, and papers that all students complete, usually at the same time. These evaluations come after the performance, often with little feedback, so students are given few opportunities to learn from the experience.

Clinical courses present faculty with many challenges when they attempt to adapt the evaluations arising from clinical methodology to the school's predominant teaching and grading system because the

²¹³ LOWMAN, *supra* note 47, at 181.

two are inherently different. First, the number of students in a clinical course is small and the faculty often selects the students because of interest or talent. Thus, the class usually has too few students and insufficient disparity among them to develop a true curve. Second, students enter a clinic with different abilities and skill sets. Some students will be more innately talented at some lawyering skills and other students will have talents in other skills. Thus, the evaluator must decide both how to evaluate a student who is very talented in most skills, but who improved only moderately throughout the course, and a student who enters the clinic less developed talents, but who improves substantially throughout the course.²¹⁴ Third, clinics create atypical teacher-students relationships. Clinic students are encouraged to openly discuss with their professors the issues and problems they face with their cases. Grading inhibits that openness.²¹⁵ Fourth, clinical students receive a great deal of feedback for almost every action they take and every choice they make throughout the course. Not all of these events are contemporaneously graded, but they are evaluated. Fifth, students engage in multiple performances of multiple lawyering tasks that are repeated throughout a semester, not just at its end. Thus, students are evaluated on many tasks rather than on one and are capable of improving, and are expected to improve, their performances over time. Evidence of that improvement is as important as the ability to perform a task well or make a sound choice. Sixth, the tasks students perform during the clinic are not always identical to those that other students perform in the course. Each case or project creates its own distinct tasks and responsibilities. Seventh, if the clinic is well structured, the differences among the students in terms of growth and competence are likely to be small at the end of the course and comparisons among them are often imprecise. Eighth, the practice of law deserves a high and consistent level of work. Students cannot be permitted to do less than very competent work on behalf of clients, and supervisors must ensure that the student's work remains at a high degree of competence. Finally, legal work in the modern world is collegial and collaborative, not competitive. Thus, it seems inconsistent to grade students relative to each other as opposed to purely individually.

Assessments in clinical courses are based on patterns of behavior, performance, and growth reflected in multiple performances of many

²¹⁴ Stacy L. Brustin & David F. Chavkin, *Testing the Grades: Evaluating Grading Models in Clinical Legal Education*, 3 CLINICAL L. REV. 299, 303-04 (1997) (noting some of the challenges professors and supervisors encounter in the clinical setting when grading students).

²¹⁵ See generally Meltsner & Schrag, *Grading Memo*, *supra* note 158.

different tasks rather than on the performance of a single examination or paper. Thus, clinical courses are inappropriate venues for typical curve grading. Nonetheless, most schools require some quantitative or descriptive assessment of students in clinical courses. Since such assessments are difficult to make, some clinical faculty engage in rigorous evaluations but award pass/fail or adjectival grades rather than traditional letter or number grades. Others, however, attempt to adapt a complicated evaluative process into quantitative rankings within a traditional grading system. Many who adapt their grading processes do so because they have no choice. Teachers who have a choice about their grading systems often adapt to the traditional system to avoid marginalizing the clinical course in the eyes of other faculty members.

Clinic fellows at Georgetown are expected to participate in mid-year or mid-semester evaluation sessions with students and to participate in a traditional grading process.²¹⁶ As new teachers, they may remember and be familiar with traditional grading systems, but they are often completely unfamiliar with the nature of assessments in clinical courses. If they are coming directly from law school, they have not engaged in a grading process. Those coming from practice never had to translate a substantive evaluation of a colleague into quantitative measurements. Nonetheless, both will be asked to contribute to discussions about students' grades and to suggest grades for their students. Thus, the fellows and all new teachers must have some understanding about how feedback, evaluation, and grading relate to one another; how qualitative evaluations translate into quantitative grades; and how one assigns grades for the multiple accomplishments or shortcomings noted in the evaluations of students.

To prepare for the class, the fellows are given examples of evaluation instruments and grading rubrics created by Georgetown clinicians, and read articles by Nina Tarr,²¹⁷ Amy Zeigler,²¹⁸ and Jerry Foxhoven.²¹⁹ These articles provide fellows with a framework for evaluating students and for teaching the students how to self-evaluate. Additionally, the readings help the fellows understand how the grading process works and identify some of the challenges that arise when using a traditional grading system. As valuable as these and other

²¹⁶ Georgetown clinics have used different grading schemes and variations of the letter grade system over the years.

²¹⁷ Nina Tarr, *The Skill of Evaluation as an Explicit Goal of Clinical Training*, 21 PAC. L.J. 967, 984-88 (1990).

²¹⁸ Amy Zeigler, *Developing a System of Evaluation in Clinical Legal Teaching*, 42 J. LEGAL EDUC. 575 (1992).

²¹⁹ Jerry R. Foxhoven, *Beyond Grading: Assessing Student Readiness to Practice Law*, 16 CLINICAL L. REV. 335 (2009).

readings are, however, they do not always distinguish clearly between feedback, evaluation, grading. Thus, the class is designed to clarify the purposes and methods of each.

A. *Feedback and Evaluation*

The class begins with a general discussion about the differences and similarities among feedback, evaluation, and grading. All clinical teachers give feedback to students. That is, we react or respond to a particular process or activity that the student either will perform or has completed. Sometimes these responses are “evaluative” in that they compare one method to another, but they are directed primarily at a particular action or choice and are not an evaluation of the student’s performance over time. When giving feedback, supervisors seek to improve the performance of the task. They report what they have observed, consider the student’s goals, discuss the student’s motivation for making a choice or taking an action, and discuss performance techniques.

Clinic teachers provide feedback at many stages of the lawyering process. While giving feedback, teachers often suggest that students consider different approaches to a witness or alternative ways in which an argument can be designed. They change or suggest changes in the tone or purpose in a document. Students are referred to code citations or cases that might change their case theory or improve their reasoning about the case. Supervisors make the student aware of different techniques for achieving the goals and correct improper performance techniques. These interventions occur in formal supervision sessions, and sometimes, albeit reluctantly, during the actual performance of an interview, a deposition, or a hearing. Teachers sometimes intervene and give feedback on the run as single questions arise through chance encounters with a student.

Most of this feedback is task focused and not student focused. It is objective, detailed, immediate, forward looking, non-judgmental, intentional, and sometimes, but not always, reflective. These moments of feedback are critical to moving a case or project along. The shortage of time that all clinical teachers experience seldom permits more than corrective suggestions, even when there is more to say in terms of evaluation and reflection. Although Donald Schoen²²⁰ would have us be reflective within all of our actions, other demands posed by the case, the student, and the other cases and students in the clinic do not always permit it.

²²⁰ See generally Donald Schoen, *The Reflective Practitioner, and the Comparative Failures of Legal Education* 6 CLINICAL L. REV. 401 (2000).

Evaluation consists of reflection rather than action. It is a process to determine the significance, worth, or quality of a series of actions that the student has taken to determine whether lessons from classes, prior supervision sessions, and performances have been learned, internalized, and used in similar subsequent actions. It is objective, detailed, retrospective, comparative, and demands transparent goals. Because evaluation concerns the evolution of learning and behavior, it focuses on the student as well as the actions taken. When focused on the student, however, it is about the student's assumptions and growth as a learner. Social science research explains that ineffective behaviors are rarely changed because people seldom challenge the assumptions that underpin the behavior patterns that develop over the course of a lifetime.²²¹ A reflective evaluation identifies, analyzes, and alters ineffective behaviors. That is why the focus of evaluation is on both the actions and the person.

New teachers are expected to not only evaluate the students, but also to help the students learn self-evaluation techniques so that they will be able to self-critique and continue to improve their skills once they become practicing attorneys.²²² Good faculty-led evaluation sessions require that the student engage in a prior self-evaluation that relates to the clinic's goals, to lawyering tasks, and to the student's own learning goals. Its purpose is to analyze the actions the student took over a period of time, to understand why the student took those actions as opposed to other possible actions, to determine whether the actions taken over time were successful and whether they were replicated in similar subsequent circumstances. If teaching social justice is a goal of the clinic, it enables the student to contemplate how those actions advance or detract from the the role of law and lawyers in American society. Self-evaluation forces the students to become engaged in the reflective process and enables them to explore their actions more critically.²²³ It will also ensure that the student has reflected on his or her actions in each of the areas the supervisor has identified as being essential for student progress.²²⁴ The supervisor's subsequent evaluation helps ensure the student is accurately evaluating her own skills²²⁵ and permits the student to determine what he or she has actually learned from materials studied, actions taken, and the choices made. Students who engage in self-evaluation over the course

²²¹ Tarr, *supra* note 217, at 971.

²²² *Id.* at 971-72 (explaining why creating the habit of self-reflection is important for long-term development as attorneys).

²²³ Foxhoven, *supra* note 219, at 345.

²²⁴ *Id.*

²²⁵ *Id.* at 354.

of the semester or year are able to improve and hone their self-evaluation skills, which might initially be weak.²²⁶ Requiring students to engage in self-evaluation, especially when it is an explicit goal of the clinic, helps the students acquire the habit of self-evaluation for use over the course of their lives.²²⁷ New teachers need to understand that the supervisor's and student's reflection about the evaluation will provide the student with meaningful information about his or her abilities, may confront larger issues of American society, and help the student establish a habit of self-reflection.

Having the students self-evaluate also helps the supervisor feel more comfortable critiquing the student.²²⁸ Supervisors sometimes feel uncomfortable when evaluating students. When self-evaluation is an explicit goal of the clinic, supervisors will feel more comfortable providing an evaluation and students will be less defensive about receiving it.²²⁹ New teachers must learn that evaluations are intentional and not casual conversations. They will be helpful only if they provide students with more than mere opinions about their work. The evaluation should not be a one-way conversation. New teachers need to learn to listen to the student's perspective on the issue being discussed. Doing so may bring forth information that the teacher neglected to consider and reminds the supervisors of how one feels when being evaluated.²³⁰ The evaluation should be conducted in the context of the clinic's learning goals. The teacher should explain exactly which aspects of the students' work were successful and which were unsuccessful.²³¹ The comments must be specific and identify the patterns, strong and weak, that emerged from the student's work during the course of the clinic. The student's progress should be evaluated against a standard of achievement that the faculty member believes is attainable given the goals of the clinic, the content of the classroom work, the nature of the cases, and the interactions that occur in the supervision sessions during the period of time in question.²³² Students may not be prepared to listen to honest comparisons of their work in relation to the standard of achievement prescribed by the clinic's learning goals. As difficult as these conversation may be, they will

²²⁶ See Tarr, *supra* note 217, at 970 (explaining that new lawyers have generally not developed the skill of self-evaluation). R

²²⁷ *Id.* at 971-72.

²²⁸ *Id.* at 982.

²²⁹ *Id.*

²³⁰ BROOKFIELD, *THE SKILLFUL TEACHER*, *supra* note 34, at 187-88. R

²³¹ *Id.* at 178.

²³² See Foxhoven, *supra* note 219, at 346 (finding that faculty evaluations, based on the same criteria as the student evaluations, provides a more objective evaluation that ensures the student has an accurate perception of the quality of his or her work). R

help students accurately judge their own progress and help them internalize what they have learned.²³³

This is the type of reflective supervision and evaluation that all clinical teachers long to conduct. New teachers need to understand that clinical teaching is not just about moving a case along in the most advantageous manner for the client. That is what supervisors in law offices do. The privilege and responsibility of an academic is to use the case or project to explore the larger questions about the role of a lawyer, the process of lawyering, lifetime learning, personal development and growth, and the values that support the profession. It is also about what the Jesuits call formation.²³⁴ At our best, clinical teachers engage in the evolution of students' lives, assisting in the fullest possible development of their talents as individual human beings in order to serve not only the profession but also the greater good of humanity.

The students' growth in the responsible use of their knowledge and power as professionals is facilitated by the personal relationship between student and teacher. This is what makes clinical education within the university different from a job in a public or private legal services organization, government agency, or law firm. New teachers have to remind themselves that they are no longer simply public interest lawyers. They are now members of the academy whose job is much broader than providing good representation to clients. This is where clinical education adds value to the law school curriculum. Clinicians bring not just our skills as lawyers, but also our critical skills to the development of new lawyers. New teachers often lack confidence in their ability to provide this critique, but they must learn to do it. Insufficient or less than honest evaluation will not give the students the evaluations they deserve. It may also be a recipe for surprise when the evaluation is turned into a grade.

After the discussion about feedback and evaluation, we play a video of an evaluation session gone wrong. We ask the fellows to perform a quick-write to consider what the supervisor could have done to make the conversation with the student more productive. We then continue the class discussion, stressing the need for both the student and the faculty member to prepare for the evaluation session and the

²³³ BROOKFIELD, *THE SKILLFUL TEACHER*, *supra* note 34, at 174.

²³⁴ Georgetown University is a Jesuit institution of higher learning. In Jesuit education, formation refers to the process of educating the whole student—mind, body, and spirit—and to instill a passion for learning, reflection, service, and the greater good of humankind. Its objective is to assist in the fullest possible development of all the God-given talents of each individual person as a member of the human community. *The Characteristics of Jesuit Education* (Apr. 15, 2011), found at http://www.google.com/#q=formation+jesuit+lay+people&hl=en&prmd=ivns&ei=5l1ZTc7UE4_PgAfq8IzRDA&start=10&sa=N&fp=92188ee12107320c (select “The Characteristics of Jesuit Education”).

need for both to have a clear understanding about the faculty member's expectations for students in the clinical course. We expose our fellows to the importance of setting forth in writing clearly articulated tasks and goals for the clinic and for the student²³⁵ and of clearly communicating those goals to the students at the beginning of the clinic.²³⁶ Without such articulated goals communicated in advance, students will not understand what the teacher expects and the teacher's evaluation will necessarily be amorphous. Students intent on learning are frustrated when they hear, "You did a good job" or "You could have done that better," because that tells them nothing meaningful. Expectations need to be established and communicated in advance and so that the meaning of those comments can be explained in relation to the expectations during the evaluation session.

The video demonstrates why the evaluation must be intentional and not casual. An effective evaluation requires that the teacher review in advance his or her notes concerning the student's actions and progress, compare similar activities in multiple cases or projects, find patterns, draw inferences from those patterns, and relate them to the goals of the clinic. We encourage the new teacher to specifically identify both the student's strengths and areas in need of improvement, and describe them in relation to examples of the student's work. The teacher should also give advice about how those improvements can be attained. We advise the fellows to use evaluation sessions to explore how students overcame prior challenges, how they experienced "epiphany moments" to resolve those challenges, and how the process that led to those moments can be used in other situations. We reinforce the notion that evaluation sessions are also a time to celebrate. Most students who are intent on learning will have made great progress during the clinic in at least some of the areas set forth in the earlier articulated goal statement. Recognizing those achievements will reinforce a student's good habits.

To students, however, evaluation also connotes the notion of "How am I doing?" Because grades are the coin of the realm in law schools and currency for a student's first job, evaluation in the stu-

²³⁵ See generally Jane Aiken, David Koplow, Lisa Lerman, J.P. Ogilvy, & Philip Schrag, *The Learning Contract in Legal Education*, 44 MARYLAND L. REV. 1047 (1985) (describing how encouraging students to create learning contracts in a law school clinic provides many benefits for the students' educational experience and helps the professors provide the student with the learning opportunities for which the student is looking).

²³⁶ During the conversation about the video, we also discuss the different evaluation instruments used in the various clinics at Georgetown, stressing that there are many goals that a clinician can have for the course and the students. Each clinic has developed its own grading rubric. Some give a single grade and some give multiple grades. The grading system for the Juvenile Justice Clinic is attached as Appendix C.

dents' minds often means, "What grade are you giving me?" There is a relationship between the qualitative evaluation we prepare and the quantitative grade we give a student. Nonetheless, we advise new teachers to avoid grade conversations during evaluation sessions. The evaluation teachers provide at mid-semester or at the end of a student's term in the clinic is an assessment of the quality of the multitude of tasks that students have been asked to perform and that the teacher has observed during the student's tenure in the clinic. It is reflective and retrospective and identifies and analyzes the learning strategies the student has employed and the strategies the teacher has used to determine whether the student has demonstrated an increasing understanding of the role of lawyers, the tasks they perform, and the goals that we expect the student to achieve in the course. We believe evaluation sessions are about growth, not grades.

The video also demonstrates that evaluation conversations are often difficult. They are difficult because critique is often as hard to give as it is to receive. Most teachers want to communicate unequivocal respect and affection for our students, even when they are pointing out the students' shortcomings. Teachers like the students and want to be liked by them. Those emotions, however, should not cloud a teacher's judgment. A second reason the conversations are difficult is because teachers sometimes cannot find the precise words to describe the assessment. Sometimes this is the result of incomplete or unarticulated goals for the clinic. Teachers must be precise and name concepts to create a common vocabulary and to extrapolate from one situation to another.²³⁷ Without such clarity, the message teachers seek to convey for future learning may not be received.

A third reason the conversations can be difficult is that new teachers often have not developed clear rubrics for evaluation. Without clear rubrics, the conversation can appear random and unstructured. A fourth reason is that two years of the traditional law school pedagogy and grading have beaten down many students and made them defensive about evaluation. As a result, some students are not particularly accepting of serious critique. Finally, the fact that students, like most adults, can be fairly set in their ways increases the complexity of conducting good evaluations sessions. Clinical education sometimes challenges patterns of behavior that are so deeply ingrained that a criticism of the performance is not easily separated by the student from a criticism of the self.²³⁸ The evaluation may seem

²³⁷ See *supra* note 46 and accompanying text.

²³⁸ See BROOKFIELD, *THE SKILLFUL TEACHER*, *supra* note 34, at 174 (describing how evaluations can be personal for students and have long term consequences that professors should recognize when providing evaluations).

personal because students who hope to succeed sometimes believe that the teacher's opinion of the person is dependent on the value of their work. Watching the video also gives the fellows the opportunity to examine their fears about having these honest and sometimes difficult conversations and the concomitant fear of having the students not like them or their views. Such emotions will arise in evaluation sessions and new teachers have to be prepared to cope with them when they do.

Once we have concluded the critique of the video, we ask the fellows to prepare an evaluation session that would remedy its shortcomings. We ask them to remember that despite the difficulties in conducting evaluation sessions, these sessions are a hallmark of clinical education. New teachers will have to prepare for the sessions from their first day on the job. They must remember that the goals of these evaluations are to help the student to assess his or her own progress over the duration of the course and to show strengths, gains, and areas in need of improvement. New teachers must understand that evaluation is judgmental in that it assumes a certain level of quality of the task, but it is non-judgmental of the person. No one is only the sum total of his or her work output. Moreover, the duration of the clinic is only a small part of the student's career. For the student or the teacher to assume that the budding lawyer will be an accomplished professional at the end of the clinic is unrealistic. Thus, we teach our fellows the importance of conducting the evaluation sessions in ways that judge the task, not the person.

B. Grading

The discussion about grading in the class is interwoven with the discussions of evaluation because most schools require that qualitative evaluations be changed into quantitative evaluations at the end of the student's clinic experience. Although the fellows will not bear the final responsibility for a student's grade at Georgetown, they will participate in the grading analysis and must understand how qualitative evaluation relates to and is translated into a quantitative grade. This conversation is even more important for those who want to be clinical teachers.

Grading systems vary from school to school. Some schools use numerical grades, some use adjectival descriptions or pass-fail systems, and some use the traditional letter grade. All new teachers need to understand that no matter how much they dislike reducing a student's achievements into grades, they must do so in a fair and accurate manner. Grades are given in a clinical course for many reasons. First and most important, teachers must comply with the law school's re-

quirements. Grading may also send a message to some students that clinic courses should be taken as seriously as classroom courses. Clinic faculty members give grades because academic institutions use them to recognize students who do outstanding work. Clinic students should not be deprived of an opportunity to receive awards just because the methods and work in a clinical course differ from those of non-clinical courses. In some cases, grades serve to motivate students to do their best work or, at least, to keep from doing poorly. Conversely, warnings about grades can reinforce a message to students that their work needs improvement. A tangential benefit of grading is that lawyers will be evaluated on a non-anonymous basis by supervisors in their practices once they leave law school and for some years thereafter. Experiencing personal evaluation in a less competitive and more supportive environment will help make that transition a little bit easier.

There are several reasons, in addition to those mentioned about evaluation, why grading is hard. Students work very hard in clinical course. Most say they work harder than they do in non-clinical courses. Deciding how to reward that effort²³⁹ complicates the translation of a qualitative assessment into a quantitative assessment.

Credit allocations contribute to the difficulty. Clinics at Georgetown and at several other law schools award a high number of credits.²⁴⁰ Ten or fourteen credits of A or C can have a large effect on grade point averages, honors, awards, and job possibilities. Awarding a single grade for such a large number of credits is not easy. It requires combining assessments arising from evaluations of many different lawyering and academic tasks into a unitary quantitative assessment that most likely does not reflect reality. Some students perform consistently in all areas that are evaluated and graded. More often than not, however, a student will do A level work in some areas, A- or B+ level work in others, and maybe occasionally C level work in yet another. How does one balance superior performance in one set of tasks with less than stellar work in another? What weight is appropriate for each? Why is one weightier than another?

Determining what a grade means is important to each student, to

²³⁹ The Juvenile Justice Clinic statement on hard work reads as follows: Participation in this clinic requires hard work. Ethical obligations of competence and zeal require that attorneys work hard for their clients. It is expected that every student in the clinic will fulfill this obligation. It is likely that every student will work harder in this course than they have in any other course in law school. Even if that happens, not every student will get an "A" or "A-". Simply put, hard work is a minimum requirement of this course. It puts you in position to receive a passing grade. It does not guarantee an "A" or "A-."

²⁴⁰ Students at Georgetown can receive between eight and twelve credits in one semester clinic courses and up to fourteen credits in year long-courses.

the students as a whole, and to the faculty member who has to assign the grades. It is important to an individual student because grades have real effects on students' lives no matter how often teachers try to minimize their importance. They are important to the class as a whole because students will compare their grades, want explanations for why they received a different grade from their partner, and demand that the teachers grade fairly among them. Grades are important to the faculty because we owe it to our students and our universities to be honest, fair, and as objective as possible in our grading practices.

In our discussions with the fellows, we discuss two separate issues about grading that are related and yet distinct: first, what kinds of demonstrated behavior and performance constitute a particular grade; and second, how to merge multiple evaluated behaviors into a single grade. Explaining why a student received a particular grade requires that both the faculty and the student have a similar understanding of what a grade means. Thus, we teach our fellows that new teachers must have concrete descriptions of what a particular grade means and articulable reasons why a student deserves that grade. New teachers need to develop an understandable grading rubric that explains what constitutes a particular grade and must have specific examples of a student's work that demonstrates why their work falls into a particular grade level. Several of our Georgetown clinics define their grades as follows:²⁴¹

A: Consistently excellent work in all areas, with at least one outstanding piece of significant work.

A student who earns an "A" in Role Assumption, for example, will take full ownership of his/her cases, be organized and attentive to details, and will always allocate sufficient time and effort to carry out tasks responsibly and will recognize, consider, and appropriately resolve ethical issues. A student who earns an "A" in Case Planning will show initiative and creativity in planning and developing cases, rather than merely carrying out plans encouraged by the supervisor. A student who earns an "A" in Skills Development will have mastered the various lawyering skills necessary to be a highly competent attorney. A student who earns an "A" in educational growth will actively prepare, participate, and take initiative in all class sessions, simulation exercises, and supervisory sessions.

A-: Mostly excellent work in all areas, and some occasional very good work.

B+: Consistently very good work, or a mix of generally very good work, occasional excellent work, and some competent work.

B: Competent and adequate work with some very good work, but

²⁴¹ This rubric was first used at Georgetown by Professor John Copacino and has been revised for the Juvenile Justice Clinic by Professor Kris Henning.

with some weaknesses.

B-: On the whole, competent work but with some significant lapses or shortcomings.

Below B- Serious difficulties with performance; failing to make appropriate use of supervision; failing to meet responsibilities.

During the Pedagogy class, we explain the importance of having a clear rubric, explore the pros and cons of this grading rubric, and compare it with other systems.²⁴² What is important, however, is that new teachers learn that a grade has to have meaning and its meaning has to be transparent and shared with the students. All grading systems contain some elements of subjectivity and may produce disagreements at the end of an explanation. Using a system similar to the one above, however, gives the teacher and student a distinct and mutually understandable standard from which to discuss a grade.

In addition to having a rubric, it is imperative that teachers have data that permits assignment of a grade. We teach the fellows the importance of keeping records of all of their interactions with students. Keeping timely records of student-faculty interactions is often difficult because of the press of other work. Nonetheless, evaluation and grading will be meaningless without a collection of accurate and detailed data that were recorded soon after the intervention or performance. Grades are not merely guesses about remembered actions that the student performed well or poorly. We teach our fellows that proper evaluation and proper grading will only occur if the teacher and the student are aware of the clinic's goals and expectations, and if the teacher's recorded comments about their interventions and the student's performance are keyed to the goals and expectations that we have conveyed to students at the beginning of the clinic.

Our discussions about how teachers translate assessments about multiple and disparate tasks into a single grade implicate the crediting practices that a school has developed for its clinics. After years of giving one grade for multiple performances of multiple different tasks, several of the Georgetown faculty began to split students' clinic grades into three or more categories.

We did so for two reasons. The first had to do with classroom performance. Clinics using a single grade system seldom gave a separate grade for classroom work and a separate grade for case work because we believe that the work that the student prepares and performs in the classroom necessarily reflects the tasks they will employ in their

²⁴² "At its most basic, a rubric is a scoring tool that lays out specific expectations for an assignment." See *generally* DANIELLE D. STEVEN & ANTONIA J. LEVI, INTRODUCTION TO RUBRICS: AN ASSESSMENT TOOL TO SAVE GRADING TIME, CONVEY EFFECTIVE FEEDBACK, AND PROMOTE STUDENT LEARNERS (2004).

cases. Thus, we find the classroom-case work separation artificial and unhelpful. As a result, all lawyering tasks are evaluated in all teaching venues. As the semester wears on, students often place less emphasis on their classroom preparation and performance because of the demands of their cases. After some study, the faculty determined that devoting more time to case preparation at the expense of classroom activities diminished rather than enhanced case performance. Moreover, it tended to be overlooked in grading. Some students were getting unwarranted As or A-s for their final grades because their case work was stressed and their classroom performance was ignored. Conversely, superior classroom performance seldom enhanced a grade for students with lesser case-related skills. Although some students benefitted from this practice, it was unfair to those who maintained high quality classroom performance.

A second reason we abandoned the single grade concept was a recognition that some students did outstanding work in some areas of performance and merely adequate or less than outstanding work in others. Oftentimes, the less than outstanding work in one area became significant when grades were being tallied. Students who had performed outstanding work in most areas received a lower grade than expected because of less than stellar work in one area of performance. Since students, like most people, remember their successes rather than their shortcomings, they were often disappointed by the grade and felt unfairly evaluated. From the faculty's perspective, it was difficult to demonstrate why the less than stellar performance in one area took on so much significance in comparison to the stellar performances in others. The faculty began to believe that the weighing of the various factors that led to a single grade was indefensible with or without a rubric, especially when a large number of credits were involved.

To resolve these inequities, some of the faculty began to give multiple grades reflecting the discrete categories of work students performed in the clinic. Deliberations in the Juvenile Justice Clinic resulted in four grades. Students receive grades for: 1) role assumption, which includes recognition and resolution of ethical issues and zealous and responsible representation; 2) case planning; 3) skills development; and 4) educational growth. Reflection and self-critique are required for each area. Each grading cluster also contains an additional description of the relevant tasks.²⁴³ Once the grades were assigned, they were not combined into a single grade. A student's transcript reveals a separate grade for each of the four clusters. Since

²⁴³ See Appendix C. They were developed primarily by Professor Kris Henning.

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instituting the multiple-grade system, we believe that our grades more clearly reflect an accurate quantitative rating of the qualitative assessment. Even though the cumulative effect of four grades on a student's law school grade point average may not always be significantly different from that awarded in a single grade system, the multiple grade system has the benefit of celebrating the student's accomplishments and accurately reflecting where the student's work requires improvement. It has also resulted in fewer grade complaints at the end of the term and, when combined with the intensive self- and faculty-evaluation, makes post-clinic discussions of grades with students easier.

By the end of this class, the fellows understand the theory and process of evaluation and its relation to grading, and the factors upon which grades are awarded. As a result, they are better prepared for the task. When they leave Georgetown and become teachers on their own, the fellows will have a better basis upon which to create their own rubrics to accomplish these difficult teaching tasks.

CONCLUSION

The purpose of this article was to answer the question "Where do I begin?" when I become a clinical teacher. The article describes what we believe new clinical teachers need to consider as they begin their careers. It stresses the need for goals, intentionality, clarity, and the need to communicate those goals and expectations to students. It describes reasons why new teachers should focus on the difficult issues concerning values, ethics, and difference before they embark on case or project supervision. It offers some suggestions about supervision techniques and describes classroom teaching techniques that help translate the lawyering process into a meaningful education for students. It suggests books and articles new teachers can consult when planning their course, and provides suggestions for developing good evaluation techniques and understandable grading rubrics. Finally it provides the format for a complete course to help new teachers answer the question "where do I begin?" The course we have created has helped us prepare our new teachers for their teaching and supervision tasks. We hope that our experience provides some insight to other teachers as they begin their careers or begin to design a teacher-training program.