

CLEA'S STATEMENT ON LAW SCHOOL CLINICAL PROGRAM RANKINGS

The Clinical Legal Education Association (CLEA) recognizes that many who receive US News & World Report ballots in their capacity as clinical directors or faculty members find this ranking process very uncomfortable. There are a number of problems with the ranking of clinical programs, not the least of which is that it places us in competition with each other, when we as a group see ourselves in a shared struggle for social justice, equality, and improved legal education. Second, there are no articulated factors for ranking clinical programs, so to a degree the voting is a bit arbitrary. Third, some schools unfairly suffer because they do not have the budget or the support of their administration to produce and mail marketing materials or to send their clinic faculty to annual conferences.

While we might wish the rankings would disappear or hope to figure out a way to overcome the collective action problem that bedevils efforts to respond creatively, the USN&WR rankings have remained a feature of our collective landscape. So, what can we as faculty who teach clinics do? CLEA, acting on the recommendation of its Rankings Committee (Margaret Johnson, Praveen Kosuri, Bob Kuehn, Perry Moriearty, Michael Pinard, Karen Tokarz & Ian Weinstein) urges those ranking clinical programs to focus on factors that promote principles for which CLEA advocates, namely the increased presence of clinical education (including externships) in law school curricula, security of position for clinical faculty, and diversity. In evaluating clinical programs, CLEA urges voters to consider: 1) the number of clinical and externship slots available relative to the student population at a school; 2) the breadth and quality of clinical curricular offerings available to students; 3) the law school's security of position, academic freedom, and governance rights for faculty who teach clinics; and 4) the extent to which the school has fulfilled the goal of diversity in hiring for clinical positions with long-term security.

CLEA also urges those who receive ballots to consult their clinical colleagues for their views to increase the range of informed opinions reflected in the balloting.