

# Reflection Form

For **Service Learning** and **T.O.U.C.H**

Please complete this form and return it within 10 days of your activity to Missy Kemper (Grosvenor 070) or Tracy McKibben (Grosvenor 027). Incomplete forms will be returned.

**1**

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Year:       MS I       MS III  
               MS II       MS IV

**2**

Attended (Estimate)	Number <small>(if you are estimating please include +/-)</small>
Med Students	
Physicians	
Health Professionals / Students	
Community Volunteers	
<b>Total Number of Volunteers</b>	

**3**

Select:    **SERVICE LEARNING**     **T.O.U.C.H**                      \_\_\_\_\_ **NUMBER OF HOURS**

Activity: \_\_\_\_\_

Place of Activity: \_\_\_\_\_

Address of Activity: \_\_\_\_\_

Group in Charge: \_\_\_\_\_

Did a Student Organization participate in this event?    No     Yes & List \_\_\_\_\_

How many benefited from this event? \_\_\_\_\_

Purpose of the project \_\_\_\_\_

**4**

HOW WAS YOUR PARTICIPATION IN THIS EVENT BENEFICIAL TO THE COMMUNITY?

HOW HAS THIS EXPERIENCE ENHANCED YOUR KNOWLEDGE OR SKILLS IN BECOMING A BETTER PHYSICIAN?

Was there a general demographic group targeted? *If so, explain:*    No     Yes

**5**

I have reviewed and completely filled out this form.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Phone number