

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 (room 070) or Tracy McKibben (027) in Grosvenor Hall. Incomplete forms will be returned.

1

Name: _____

Date: ____/____/____

Year: MS I MS III
 MS II MS IV

2

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

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