**SERVICE LEARNING ACTIVITY REFLECTION FORM**

## MCW Pathways

*Use this form if you are participating in a community service activity for pathway credit. Submit to D2L dropbox.*

*Service learning is a structured learning experience that combines community service with preparation and reflection*

**Student Name:****Class of**

**Title of Project:**

**Activity Coordinator (name, email):**

**Please briefly describe the activity:**

**SERVICE LEARNING:**

1. Orientation: **Who is the target population/ audience served (e.g. geography, age, sex, ethnicity)?**

**What community identified needs are being met?**

2. **Preparation: How did you prepare for the activity?**

**3. Service role: What did you do as a participant in this activity?**

**4. Reflection: What did you learn? How will this affect your development as a physician? (Hint: relate to meeting goals in your Individual Learning Plan)**

**Student Attestation:** By signing this proposal, I attest that I participated in this activity as described to the best of my abilities and in accordance with principles of professionalism and good partnership.

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**Student’s Signature** (typed ok) **Date**