Your NameYour email address:	Today's date
Organization Name:	
Organization Address:	
Organization Phone:	Email:
	Therapy Service Learning Experience nt Reflections
Your Primary Learning Objectives: (List at least)	t 3)
2)	
3)	
4)	
5)	
What did you learn about the population of	oulation you served during your SLE and the

2. How did the SLE influence your professional and personal growth? For example, do you feel you have acquired new skills or enhanced existing skills as a result of your SLE? If so, what skills and how?

3.	What were the personal challenges associated with your SLE and how were these addressed?
4.	Do you think you have gained unique knowledge from this SLE which differs from the knowledge you gained in your didactic courses?
5.	How has the SLE influenced your view of community service and its role in PT education?