Your Name: ____________________________________________ Today's date __________
Your email address: __________________________
Organization Name: FunFitness – Special Olympics
Organization Address: ____________________________________________
Organization Phone: __________________________ Email: __________________________

Hours Volunteered: _______________

USC Biokinesiology & Physical Therapy
Service Learning Experience
Student Reflections

Your Primary Learning Objectives:

1) Increased competence and confidence in working with athletes with intellectual disabilities
2) Competence in conducting all screening testing.
3) 1 additional student identified personal learning objective:

I ___________________________________, hereby authorize my consent to the USC Division of Biokinesiology and Physical Therapy to use quotes from my reflection for the department’s website and/or InMotion magazine.

Signature: ____________________________ Date: ____________
1. What did you learn about the population you served during your SLE and the challenges they faced?

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?