

Personal Informal Learning Reflection Form

Name		Date		Registration No	
Activity:	OTA Interest Group			Hours Claimed	
Topic:					
Presenter:					
Style of Meeting					
<input type="checkbox"/>	Presentation – member of IG		<input type="checkbox"/>	Journal Article	
<input type="checkbox"/>	Presentation – external		<input type="checkbox"/>	Discussion based meeting	
<input type="checkbox"/>	Case Study		<input type="checkbox"/>	Other _____	

This activity has been prompted by my need to learn about:
How was this activity carried out?
How was this activity evaluated in terms of meeting the goals?
How was this activity evaluated in terms of contribution to occupational therapy practice
References for follow-up

Signature