Reflective Practice Record

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Document owner	Academic Quality Lead	**Approved by**	President, Madison State University
Status	Approved for use	**Applies to**	All learners, staff, agents and contractors

Complete this record after a learning activity or event. It is personal data, kept under the Data Protection Policy, and is used to support your learning and, where you choose, as evidence in your portfolio.

1. About you and the activity

Name	
Programme or course	
Workplace or organisation	
Date of activity	
Format and location	☐ Online ☐ In person ☐ Mixed Location / platform:
Type of activity	☐ Course session ☐ Assessment ☐ Workplace task ☐ Reading / research ☐ Other
Learning time (hours)	

2. Description of the activity or event

What happened, and what were you trying to achieve?	

3. Reflection

What went well, and why?	
What did not go as well, and why?	
What feedback or evidence do you have?	

4. Learning and application

What did you learn (knowledge, skills, attitudes)?	
How will you apply it in your work?	
How will you show you have applied it?	

5. Action plan

Action	Support or resources needed	Target date	Review date	Done?

6. Declaration and review

Learner: I confirm this record is accurate. Signature / date	
Tutor or supervisor comments	
Tutor or supervisor signature / date	