DBP Resident Preschool Reflection Form

Resident Name ______________________________
Developmental-Behavioral Pediatrics Rotation: Preschool Reflection
Date ______________________________

Identify any lessons that were learned during your preschool observations (i.e., Bing Preschool, Head Start Preschool, Abilities United Milestones Preschool). Discuss how these lessons might be used in clinical practice.