



# RIDERCOACH TRAINER REFLECTIVE FORM

One form per activity

Today's Date \_\_\_\_\_ Name \_\_\_\_\_ MSF ID \_\_\_\_\_

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**FOR ALL RCTS, CHECK ONE:**

- \_\_\_\_ Full participation in conducting an entire RCP
  - \_\_\_\_ Partial participation in conducting a RCP or conducting a formal PDW  
Number of hours: \_\_\_\_\_
  - \_\_\_\_ Full participation as a RCT in conducting Certification Course (Which one? \_\_\_\_\_)
  - \_\_\_\_ Partial participation in conducting Certification Course (Which one? \_\_\_\_\_)  
Number of hours: \_\_\_\_\_
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**ONLY FOR RCTS IN 1<sup>st</sup> CERTIFICATION CYCLE**

What was your Learning Activity? \_\_\_\_\_

Date(s) of Activity \_\_\_\_\_ Number of Hours: \_\_\_\_\_

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**FOR ALL RCTS:**

What was the best part of the RCP, CC or Learning Activity?

What could have been better?

How will this activity improve you as a RiderCoach Trainer?

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**FOR MSF STAFF USE ONLY**

Learning Activity Hours Credited: \_\_\_\_\_ Number of Learning Activities Credited \_\_\_\_\_