

Individual Learning Plan

Name _____

Rotation _____

Dates of Rotation _____

Supervising Attending/Preceptor _____

Why did you decide to choose this rotation?

What are your learning objectives while on this rotation?

What will be your duties and responsibilities while on this rotation?

How do you foresee this rotation helping you with your career plans?

Approval: _____

Mentor/Associate Program Director

Program Director

Some rotations will require a written summary of your work during your elective. Please check with you mentor regarding specifics.