



LEARNING CONTRACT
for Pediatric Residents

Resident Name:	
PGY Level:	
Rotation:	
Date(s) of Rotation:	
Supervisor(s):	
Rotation Goals and Objectives from Macpedcs.com / Web Eval Reviewed by Resident:	
List Additional Resident's Specific Goals and Objectives:	
Discussion of Resident's Specific Goals and Objectives: Yes: [] No []	
Discussion of expected responsibilities and performance: Yes: [] No []	
<p>Statements:</p> <ol style="list-style-type: none"> 1. I have read the goals and objectives of this rotation (Located in Webeval) and discussed any questions with the Supervisor. 2. I will immediately report any concerns about the learning and working environment to the Supervisor, Educational Resource Person or the Program Director. 3. I will discuss possible solutions to any problems encountered with the Supervisor. 4. I will seek mid-rotation feedback from my supervisor if not received in a timely manner. 5. I have set up a meeting with my supervisor for the end of rotation evaluation. 	
Resident Signature:	Date
Supervisor Signature:	

Residents please keep this completed document in your portfolio binder.