

OPTIONAL

LEARNING CONTRACT FOR THIRD YEAR MEDICAL STUDENTS - OB/GYN -

Student _____ Preceptor _____

Period / Date _____ Site _____

I. **Student goals** - List the most important goals you have for this preceptorship:

1. _____

2. _____

3. _____

List specific ways you feel you can accomplish the above goals:

1. _____

2. _____

3. _____

II. **Preceptor goals** - List the three most important areas in which the student should focus:

1. _____

2. _____

3. _____

List specific strategies for accomplishing these goals:

III. Summary

Performance goals and expectations of the student are:

Performance expectations from the preceptor are:

Signed:

Student: _____

Preceptor: _____

Date: _____

****This form should be submitted at the beginning or at the conclusion of rotation.
Please fax to 540-231-6298 to the attention of Danielle Hale.***