Individualized Learning Plan (ILP) Form

Resident Name: _____ PGY Level: _____

Core Faculty Advisor: _____ Date of Initial ILP: _____

Elective Rotation: _____ Period: _____

A. Self-Reflection Summary

1. Strengths:

_____

_____

_____

2. Areas for Growth:

_____

_____

_____

3. Career Interests / Focus Areas:

_____

_____

_____

_____

B. SMART Goals

Please identify 3–5 Specific, Measurable, Achievable, Relevant, and Time-bound goals.

Goal	Related ACGME-I Competency	Learning Strategies / Activities	Timeline	Metrics of Success

C. Resources and Support Needed

List specific resources, faculty, or learning opportunities required to achieve these goals:

_____

_____

_____

_____

D. Signatures

Date of Initial ILP Meeting: _____

Resident Signature: _____

Core Faculty Advisor Signature: _____