|  |  |  |  |
| --- | --- | --- | --- |
| **Resident Educator:** | | **Mentor:** | |
| **Area of Competency** | **Evidence** | | **Date Completed** |
| **Instructional Mentoring:**  **Year 1 and 2**  *Teaching and Learning Cycle* | *1.Collaborative Log*  *2.Video Tape a Lesson*  *3. Data Tool* | | *1. Number Completed \_\_\_\_\_\_*  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Focused Mentoring:**  **Year 1 and 2**  *Professional Growth* | *1.Self-Assessment Summary (OTES)*  *2.Professional Growth Plan (OTES)*  *3.Formal Observation from Mentor*  *4.Informal observation from Mentor*  *5. Peer Observation by RE (Use the activity template provided).* | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Focused Mentoring:**  **Year 1**  *Communication* | *1. Use the Parent Communication Focused Mentoring Tool provided to document the activity or a district specific tool\** | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Focused Mentoring:**  **Year 1**  *Collaboration* | *1. Use the Teacher Collaboration Focused Mentoring Tool provided to document the activity or a district specific tool\** | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Focused Mentoring**  **Year 2**  *Formative Assessment* | *1. Use the Formative Assessment Focused Mentoring Tool provided to document the activity or a district specific tool\** | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Focused Mentoring**  **Year 2**  *Summative Assessment* | *1. Use the Summative Assessment Focused Mentoring Tool provided to document the activity or a district specific tool\** | | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**RESIDENT EDUCATOR PROGRAM**

**2017-18 Completion Form for RE Year 1 and RE Year 2**

**RE Consortium Coordinated by ESC Lake Erie West**

Optional Additional Comments:

*Signatures below represent that all requirements of the Resident Educator Program have been met.*

Signature of Resident Educator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_