|  |  |
| --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_