**RESIDENT EDUCATOR PROGRAM**

**2023-2024 Completion Form**

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| **Resident Educator:** | **Mentor:** |
| **Resident Educator Professional Learning**  | **Tools and Resources for Mentoring Practices** | **Date(s) Completed/Discussed**  |
| * *Identify areas for professional growth*
* *Complete a professional growth plan*
* *Reflect on progress with mentor.*
 | * *Ohio Continuum for Teacher Development*
* *OTES Self-Assessment Summary*
* *OTES Professional Growth Plan*
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| * *Participate in on-going instructionally focused mentor conversations*
* *Promote resident understanding of the teaching and learning cycle*
* *Promote understanding of formative assessment strategies and tools that impact instruction*
* *Promote understanding of effective instructional practices*
* *Promote resident educator knowledge and skills to deliver standards-aligned instruction in ways that promote learner agency and meet the variable needs of all students*
 | * *Collaborative Log*
* *Ohio Learning Standards*
* *Collaborative analysis of the Teaching and Learning Cycle*
* *Collaborative reflection on authentic teacher work*
* *Collaborative lesson planning*
* *Collaborative lesson reflection*
* *Collaborative analysis of student learning*
* *Collaborative analysis of varied assessment strategies*
* *Collaborative analysis of effective. differentiated instructional practices*
* *Teaching observations by mentor (optional)*
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| * *Engage resident educators in equity-based conversations to raise awareness and facilitate capacity to apply an equity lens to the teaching and learning cycle, instructional practices, materials and assessments*
 | * *Collaborative conversations and use of bias awareness tools*
* *Collaborative conversations on equitable instructional strategies that impact student learning*
* *Collaborative conversation and use of appropriate equity-based materials, strategies, and assessments*
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| * *Promote resident educator’s understanding of the role of family and two-way communication in student learning*
 | * *Collaborative conversation and review of two-way communications with family*
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***Signatures below are assurances that the mentor and resident educator met on a regular basis and engaged in collaborative conversations on the items listed above.***

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

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