**RESIDENT EDUCATOR PROGRAM**

**2024-2025 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* | |  |
| * *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)* | |  |
| * *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* | |  |
| * *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* | |  |

***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_