



Year 4 Action Plan
for Resident Educators who have COMPLETED RESA
(The Ohio Resident Educator Program Year 4 FPR consists of this completed Action Plan and Reflection)

Resident Educator: _____
Colleague: _____

School: _____
Program Coordinator: _____

ACTION PLAN:

Complete Learn to Lead Module
Date of Completion: _____

Leadership Exploration Choice:

Date of Completion: _____

Leadership Exploration Choice:

Date of Completion: _____

REFLECTION:

In what ways have the **Learn to Lead module** and your **leadership explorations** expanded your vision of Teacher Leadership?

By signing below I acknowledge the successful completion of Year 4 of the Resident Educator Program.

Resident Educator _____ Date: _____

Comments:

Colleague _____ Date: _____

Comments:

Program Coordinator _____ Date: _____

(Completion Data must be entered into CORE by Program Coordinators by June 30th)

Comments:

Administrator _____ Date: _____

Comments: