



Year 4 Action Plan

The Ashtabula County Resident Educator Program Year 4 consists of this completed Action Plan and Reflection

Resident Educator _____ School District _____

Facilitator _____ Program Coordinator _____

ACTION PLAN:

1. Resident Educators are required to complete the Learn to Lead Module. (Est. time to complete: six hours) <http://ohiorep.mopi16.com/course/> Date of completion: _____
2. Resident Educators will choose one Leadership activity from each of the following 3 categories or suggest an alternate activity to your facilitator:

1. ACTIVITY:

Deepening Content Expertise

- A. Create and teach an interdisciplinary unit
- B. Assume and document a leadership role in a department team, teacher-based team, or data team
- C. Complete National Board for Professional Teaching Standards Take One!

2. ACTIVITY:

Collegial Professional Explorations

- A. Organize and participate in a lesson study with at least one colleague
- B. Organize and conduct a professional book study with at least one colleague
- C. Co-teach with a Year 1 or 2 Resident Educator
- D. Formally meet with their Local Professional Development Committee to learn about the expectations and responsibilities of professional licensure; learn about the processes and requirements of the LPDC; and consider the professional goals they will establish for their Individual Professional Development Plan

3. ACTIVITY:

Teacher Leadership

- A. Lead a school academic initiative (e.g., day to celebrate famous people or events)
- B. Lead a school initiative to enhance the community (e.g., celebrate local veterans, collect contributions for charity, organize visits to community centers)
- C. Organize or assist in a student academic competition at the school or district level
- D. Organize and facilitate a special day to engage families and caregivers in student learning opportunities
- E. Begin the process for National Board for the Professional Teaching Standards certification
- F. Model instruction for year 1 or 2 REs

REFLECTION: Summarize the chosen activity from above and explain how the activity expanded your vision of Teacher Leadership. Provide date(s) of activity and completion dates for each. Attach verification documentation, such as lesson plans and or other verification information.

1 _____

2 _____

3 _____

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

Resident Educator _____ Date _____

Colleague _____ Date _____

Program Coordinator _____ Date _____

Administrator _____ Date _____

Please return completed and signed Plan to Christina Ray by Monday, May 15, 2017.