

RESA Modification Request Form 2020-2021

Directions: This form is to be completed by Resident Educators with the help of their program Coordinator. Resident Educators are required to complete this form if they believe they are unable to complete the Lesson Reflection and record their lesson as outlined in the RESA Guidebook. Please note, this form **does not exempt** Resident Educators from the RESA, **but if approved**, the Resident Educator will receive a modification of the Lesson Reflection. The Resident Educator will be contacted to schedule the modification. Incomplete forms are not accepted. **Submission deadline: October 10, 2020.**

Resident Educator's Information (Type or Print)	Program Coordinator's Information (Type or Print)
Name:	Name:
Educator State ID #:	Educator State ID #:
Email Address:	Email Address:
Building Name & IRN:	District Name & IRN:
Phone:	Phone:

Reason for Modification Request (check one):

Facility does not permit videotaping of students.

Parental Consent cannot be obtained

Unique circumstances*

*** Please provide a detailed description of your unique circumstances and explain why you believe you need a modification. Attach additional sheet if needed.**

Building Administrator Name, Email and Phone:

Location of observation (full name and address)

Phone

(Signature verifies the information above is accurate.)

Program Coordinator's Signature _____ Date _____

Resident Educator's Signature _____ Date _____

Please submit the completed form to OhioRESA@education.ohio.gov by attaching this form to the email. If you have questions, contact Virginia Cardwell at virginia.cardwell@education.ohio.gov or (614) 387-0143.

For Internal Use Only
Date Received:
Date PC/RE Notified of Approval: _____
Date PC/RE Notified of Non-Approval: _____
Approved by: