

Resident Educator Teacher Information Form

Check Appropriate Year

☐ Year 1

☐ Year 2

☐ Year 2/RESA Optional

☐ Year 3

☐ Year

Personal Information

Full Name _____
Last First M.I.

Name on Ohio Teaching License _____

Address _____
Street Address City State Zip Code

Home Phone () Cell Phone () School E-Mail: _____

VERIFY (SAFE Account) E-mail Address _____

Birth Date ____/____/____ Sex: ☐ Female ☐ Male

College/University _____ Major and Date of Graduation _____

Teaching Assignment Prior to Resident Educator Program

Years Previous Teaching Employment (Including Long-Term Substituting) _____
Year equals at least 120 days SAME POSITION per school year under the area of licensure. STATUS MUST BE VERIFIED BY YOUR SCHOOL DISTRICT)

Position Held/Grade Level _____ Did you participate in another district RE Program _____

License Held During Previous Teaching Position: _____ Alternative License Held: _____

Any Out of State Teaching experience? Where: _____ Position _____ Grade _____

NOTE: Alternative License RE's must COMPLETE ODE Requirements before filing for a New License

Current Teaching Assignment

Grade Level or Subjects _____

Building _____ Principal's Name _____

Check License for your Current Teaching Position:

☐ 4-Year Resident Educator

☐ Alternative License

☐ Supplemental License

Mentor Information

Mentor's Name _____ Mentor's School Email Address: _____

Mentor's Ohio Teaching License #: _____ Mentor's Name on Ohio Teaching License: _____

Does Mentor want to purchase 1 Graduate Hour _____ or receive Certificate for 45 CEU hours _____ (check one)

PLEASE FAX COMPLETED FORM TO GALLIA-VINTON ESC @ 740-245-0596 by Sept 12