

Year 4 Final Reflection

Resident Educator: _____

Grade/Teaching Role: _____ Building: _____

Resident Educators: Please describe a leadership role you served in this year, including any collaboration, and its impact on your professional growth and future professional goals.

Resident Educator: Please print and sign your name here to indicate you have completed the Year 4 district and state expectations of the Resident Educator Program.

Print name: _____ Signature: _____ Date: _____

Principal: Please print and sign your name here to indicate you feel the resident educator has completed the Year 4 district and state expectations of the Resident Educator Program.

Print name: _____ Signature: _____ Date: _____

RETURN COMPLETED FORM TO NANCY SAYRE, Administration Office - NO LATER THAN MAY 20th.