

Name:





Program Coordinator's Information (Type or Print)

RESA Extended Deadline Request Form 2016-17

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 when circumstances prohibit the completion of RESA tasks within the timelines outlined in the RESA Participant Guide. Please note, this form **does not exempt** resident educators from submitting RESA tasks, **but if approved**, will consider extending the deadline of specific tasks to be submitted by the resident educator. For candidates whose submission deadlines are approved and extended, score reports will be available **September 15, 2017.**

Deadline: This form must be completed and emailed to ohioresa@education.ohio.gov no later than:

Resident Educator's Information (Type or Print)

contact Lori Parker at lori.parker@education.ohio.gov or (614) 387-2275.

- December 8th at 5:00 p.m. to receive a deadline extension on Task 1 and/or Task 4
- February 8th at 5:00 p.m. to receive a deadline extension on Task 2 and/or Task 3

Educator State ID #: Educator State ID #:		Educa	ator State ID #:	
Email Address: En			l Address:	
Phone: Ph			e:	
Check the box for the task(s) you are requesting a deadline extension:				
Task 1	Task 2	Task 3	Task 4	
All leaves must be approved by the local school or district prior to requesting an extension for RESA tasks. If you are/were approved for an extended leave by your school/district during the school year and your program coordinator agrees that a RESA extension is needed, please check the appropriate box below.				
Medical	Other		Please provide a brief description:	
Maternity/Paternity				
Military				
Program Coordinator's Signat	ure		Date	
Resident Educator's Signature	•		Date	

Please submit the completed form to OhioRESA@education.ohio.gov by attaching this form to an email. If you have questions,

Name:

Rev. 4/5/16







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Date Received:	Date Sent to Educopia:
	Email date:
Date PC Notified of Approval:	FileZilla date:
Date PC Notified of Non-Approval:	
	Sent by:
Approved by:	Denied by:
,	,
T. I. A.	
Tasks Approved:	Notes:
Task 1	
Task 2	
103K Z	
Task 3	
Task 4	