

## RESA Modification Request Form 2024-2025

**Directions:** This form is to be completed by a Resident Educator (RE) with the help of their Program Coordinator. REs are required to complete this form if they believe they are unable to complete the Lesson Reflection video as outlined in the RESA Guidebook.

- Please note, this form **does not exempt** REs from the RESA, **but if approved**, the RE will receive a modification protocol for completing the Lesson Reflection.
- **Completed forms must be submitted to support@teachforward.com by March 1, 2025.**
- If you have any questions, please contact the TeachForward Help Desk at support@teachforward.com.

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 recording 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:

Building Administrator Email:

Building Administrator Phone:

Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Resident Educator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature verifies the information above is accurate.)