



## RESA Modification Request Form 2022-23

**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 video 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 with more information once the modification is approved. Incomplete forms are not accepted. **Submission deadline: October 25, 2022.** Submit to [REProgram@education.ohio.gov](mailto:REProgram@education.ohio.gov)

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 (full name and address)

Phone

(Signature verifies the information above is accurate.)

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

Resident Educator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach your completed form and email it to [REProgram@education.ohio.gov](mailto:REProgram@education.ohio.gov). If you have questions, contact Virginia Cardwell at [virginia.cardwell@education.ohio.gov](mailto:virginia.cardwell@education.ohio.gov) or (614) 387-0143.



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Date Received:
Date PC/RE Notified of Approval: _____
Date PC/RE Notified of Non-Approval: _____
Approved by:

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