

Licking County Resident Educator Consortium

Summary of Year 4 Activities

RE Name: _____ District: _____

Learn to Lead Module

Date Completed: ___/___/_____

Leadership Exploration

Date Completed: ___/___/_____

(If not completed by May 13, 2016 please write the anticipated date of completion)

Attach a 1-page reflection on your Leadership Exploration that addresses the following:

- A brief explanation of the Leadership Exploration
- How it impacted your Professional Growth
- How it benefited your school/district

Resident Educator Signature

Date

Administrator Signature

Date