



# **Miami County Educational Service Center**

## **Board of Education Office**

**Superintendent, David A. Larson**

**Treasurer, Cindy A. Hale**

### RESIDENT EDUCATOR FORM

NAME: \_\_\_\_\_ ODE LICENSE NO: \_\_\_\_\_

ESC POSITION TITLE: \_\_\_\_\_

2019-2020 DESIGNATION AS A RESIDENT EDUCATOR: 1, 2, 3 or 4

NAME OF PRIOR SCHOOL DISTRICT: \_\_\_\_\_

CONTACT NAME OF PRIOR DISTRICT'S RE COORDINATOR: \_\_\_\_\_

CONTACT INFO OF PRIOR DISTRICT'S RE COORDINATOR: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_