

Verification Form for NAME _____

STUDENT WID _____ EMAIL _____

Anticipated Student Teaching Semester _____

Diversity Experience
Educational Service to Youth and Families
(Minimum – 2 hours)

NCATE Definition of Diversity (Adopted by the College of Education): Differences among groups of people and individuals based on *ethnicity, race, socioeconomic status, gender, exceptionalities, language, religion, sexual orientation, and geographical area.*

The Diverse Learner:

Date of Contact: _____ # Contact Hours: _____

Institution/Organization: _____

Brief Description of what you did to enhance your ability to work with diverse learners: _____

Signature by organization contact: _____

Contact's email/phone _____

The Diverse Learner:

Date of Contact: _____ # Contact Hours: _____

Institution/Organization: _____

Brief Description of what you did to enhance your ability to work with diverse learners: _____

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