Central Michigan University
College of Education and Human Services
Center for Student Services (EHS-CSS)
CLASSROOM ETHNICITY VERIFICATION FORM

***Directions*:** This form is used for requesting specific classroom diversity verification and **must be submitted to the coordinator of your specific field experience** pertaining to this classroom diversity request. Twenty per cent of your specific classroom must be considered non white in order to fulfill the race and ethnicity diversity category.

Name:_____ Student ID: _____ Date of Birth:_____

Address:_____ City:_____ State:_____ ZIP:_____

Local Phone:_____ Alternate Phone:_____

Please circle your educational objective: Elementary Secondary

Dates of Experience:_____ to_____ Total Hours:_____

Name of Supervising Teacher:_____

School:_____ Age/Grade Level:_____

Address of School:_____

District:_____City/Town:_____

Briefly describe the diversity within your classroom experience: Include the number of pupils in the class and the diversity breakdown with specific numbers, background and ethnicity within the classroom setting.

Your answer should be on a separate sheet of paper, type-written, and attached behind this form. The form must be signed and dated by your host teacher.

Diversity Experience: 30 hours in the same school experience is required to complete a specific diversity requirement. Refer to the CSS web site at www.ehs.cmich.edu/css for more detail on the diversity experience and what requirements your school fulfills.
Note: All hours must be completed in a classroom setting and supervised by a certified teacher.

Supervisor or Teacher Comments:

_____ _____ Supervisor is certified by the State of MI:
Supervisor/Teacher Signature Date (please circle one) YES NO

_____ _____
Supervisor's Daytime Phone # Supervisor's E-mail Address

_____ _____
Student's Signature Date

_____ _____
Midtier Coordinator's Signature or Director of Student Teaching Signature Date

This form must be returned to the Midtier Coordinator or the Director of Student Teaching

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