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LONGWOOD
UNIVERSITY



Clinical Experience Diversity Report

Please provide your Longwood ID (L_Number): [\[Help\]](#)

NOTE: You MUST provide your correct Longwood ID in order for this form to be processed.

Please provide your name as you are currently enrolled at Longwood:

Last Name

First Name

Middle Name or Middle Initial

Please indicate on which of the following you are reporting information: [\[Help\]](#)

Practicum II	Graduate Professional Internship (EDUC 689)
Student Teaching Placement 1	Partnership
Student Teaching Placement 2	Other Placement
Graduate Practicum II (EDUC 679)	

Please indicate the semester and year in which you are participating in this experience:

Semester

Year

Are you on the New College Institute campus?

Yes

No

INSTRUCTIONS FOR COMPLETING THE REST OF THIS REPORT: The information requested on the following page of this report should be based on the students and classroom in which you were placed. It is used by Longwood to ensure that Longwood students are given the opportunity to work with a variety of PreK - grade 12 students and teachers in a variety of settings, so please be as accurate as possible. If you are uncertain about how to answer particular questions, please consult with your Longwood instructor, the classroom teacher, or university supervisor for guidance. You can save your responses at any time and then return to complete this report at a later time.



Type of classroom (Choose the best description.):

Grade of the students on which you are reporting (Choose the best category.):

TOTAL number of students in this classroom:

For each of the boxes below, provide the number of students in each cell category. Note that the total number for each characteristic MUST EQUAL the TOTAL number of students in this classroom that you provided above. For example, the number of female students plus the number of male students MUST EQUAL the TOTAL number of students in this classroom. **For any cells without representation in your classroom, please enter a zero. No cells may be left blank.**

Special Note: If you are unable to obtain classroom level data for any of the categories below, please seek out school level percentages and then calculate the number of students in your class that would equal the school level percentages. (E.g., if you have 20 students in your class and 80% of school students are on free/reduced lunch, then $80\% \times 20 = 16$ students in your class on free/reduced lunch.)

Student Gender (Number per Category)	Number
Females	
Males	

Student Economic Status (Number per Category)	Number
Free/Reduced Lunch	
Not Free/Reduced Lunch	

Student Race/Ethnicity (Number per Category)	Number
American Indian or Alaskan Native	
Asian or Pacific Islander	
Black, non-Hispanic	
Hispanic	
Multiracial	
Non-resident Alien	
Race/ethnicity unknown	
White, non-Hispanic	

Please indicate whether you worked with students with these special needs (check all that apply):	Yes	No
Bilingual		
ESL		
Gifted/Talented		
504 Plan		
IEP		
None		

Click "Finish" below to complete this form. If your electronic submission is successful, you will receive a summary of your responses. If this summary does not appear, please complete this form again.

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Review

