

**Participation For Special Education Majors**  
*For Required Volunteer Hours*

**Choice 1** – Participation in a Student Organization (SCEC or  $\Sigma$ PE)

- Attendance of at least 4 business and/or program meetings per semester over at least 2 semester is required. Acceptable on-campus Special Education Organizations are defined as Student Council for Exception Children (SCEC) and/or Sigma Rho Epsilon ( $\Sigma$ PE)
- Each persons in attendance at organization meetings is expected to actively serve on at least 1 committee per semester over at least 2 semesters.
- Verification of participation on committees will be provided by the chairpersons of that committee.
- A system for validating attendance at meetings and participation on committees is in operation. The Chair and the Office Manager of the Department of Special Education will be the individuals to decide that the above has been meet.

**Choice 2** – 8 Hours of Volunteer effort over each of the 2 semesters for a minimum of 16 hours (Students selecting this choice should discuss their plans with the Chair and Office Manager prior to beginning position.)

- Participation is defined as students involving themselves with individuals with exceptional learning needs for at least 16 hours of direct contact over 2 semesters.
- Suggested contact activities include: Bowling, Swimming, After-School Tutoring, Babysitting for No Pay, and Holiday Activities at Group Homes.
- Efforts related to these activities must total a minimum of 8 hours of commitment.
- Hours must be documented as to volunteer status and with someone with and exceptional learning need.

**Department of Special Education  
Documentation of Professional Organization Participation  
(Volunteer Hours: 8 Hours Each Semester = 16 Hours Total)**

RE: Participation in \_\_\_\_\_  
Name of Professional Organization

Please list below the activities in which you have been involved during the current and/or past semesters. Include semester(s) in which the activity was performed, and number of hours for each. Attach documentation from the entity (or entities) in cooperation with which you completed these required hours.

| Entity Name/Service Learning Activity | Semester Activity Was Performed | Number of Hours* | Documentation Attached (Yes/No) |
|---------------------------------------|---------------------------------|------------------|---------------------------------|
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**This form should be completed by the student and submitted to the Department of Special Education in order to receive Department Approval to Student Teach.**

**\*Hours used to meet the “Service Learning” requirement may not also be used for participation hours.**