



### Special Education Advisory Council – Application for Membership

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

***Please indicate which membership category (ies) you represent:***

Parent/Guardian Member

Child's School: \_\_\_\_\_ Grade/Age: \_\_\_\_\_ Disability Category: \_\_\_\_\_

School District Staff Member

School: \_\_\_\_\_ Program: \_\_\_\_\_

Community Member

Organization/Agency: \_\_\_\_\_ Your Role: \_\_\_\_\_

***Background and Qualifications***

1. Why are you interested in serving on the SEAC?
2. What unique perspectives or skills can you contribute to the SEAC?
3. What system-wide special education concerns would you like to see the SEAC address?
4. Have you attended or visited a SEAC meeting? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Have you read the SEAC job description and participation requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

***Optional:***

Please list any current or past participation in school building, district, or community service committees, programs or activities:

If you were invited to submit this application, please indicate who referred you: \_\_\_\_\_

**Please return this completed form via email, US mail or fax to:  
Laura Pingry-Kile, Director of Specialized Education Services  
Pingry-kilel@district112.org (see above for address/fax)**