

# Special Education Advisory Council (SEAC) Membership Application 2024-25

Thank you for considering serving this advisory council! Applications are accepted on an ongoing basis to fill openings as needed.

Members of the Special Education Advisory Council:

- Promote respect and inclusivity for all students and families
- Serves as an advocate for high-quality special education programs
- Promote communication between family, school, and community

\* Indicates required question

1. First and Last Name \*

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2. Home Address \*

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3. Email Address

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4. Daytime Phone Number \*

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5. Please indicate which member category(ies) you wish to represent. Check all that apply. \*

*Check all that apply.*

- Parent / Guardian Member  
 School District Staff Member  
 Community Member

6. If you wish to represent as a parent / guardian, please share your child's grade level.

\_\_\_\_\_

7. If you wish to represent as a community member, please share your organization / agency, and your role. \*

\_\_\_\_\_

8. Why are you interested in serving on the SEAC? \*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What unique perspective or skills can you contribute to the SEAC? \*

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10. What system-wide special education topics would you like to see the SEAC address? \*

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11. Have you ever attended or visited a SEAC meeting? \*

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12. Have you read the SEAC By-Laws, including role description and participation requirements? \*

*Mark only one oval.*

Yes

No

13. Do you have an interest in serving as a chair for this council? \*

*Mark only one oval.*

Yes

No

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

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15. If you were invited to submit this application, please indicate who referred you:

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