

**Robbinsdale Area Schools  
Special Education Advisory Council (SEAC)  
Application for Membership 2019-2020**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Phone/Cell:** \_\_\_\_\_

**Please indicate which membership category (may be more than one) you represent:**

\_\_\_\_\_ **Parent/Guardian Member**

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Disability Category: \_\_\_\_\_

\_\_\_\_\_ **School District Staff Member**

School: \_\_\_\_\_ Job Title: \_\_\_\_\_

Program Name: \_\_\_\_\_

\_\_\_\_\_ **Community Member**

Organization/Agency: \_\_\_\_\_

Your role: \_\_\_\_\_

**Background & Qualifications:**

1. Why are you interested in being a member of the SEAC? \_\_\_\_\_

\_\_\_\_\_

2. What 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 before? \_\_\_Yes \_\_\_No

5. Have you read the SEAC job description &<sup>1</sup> participation requirements? \_\_\_Yes \_\_\_No

6. Optional: list any current or past participation in school, district, or community service committees, programs, or activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> Applications are accepted on an ongoing basis. Please return form via mail, e-mail or fax to:

Marti Voight, Executive Director of Student Services

Marti\_voight@rdale.org

Education Service Center

4148 Winnetka Ave. N., New Hope, MN 55427

763-504-8600; fax: 763-504-8972