

**Robbinsdale Area Schools
Special Education Advisory Council (SEAC)
Application for Membership 2020-2021**

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 &¹ participation requirements? ___ Yes ___ No

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

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