

East Carroll Parish School Board

Application for Special Education Advisory Committee Membership

1. Applicant's Name: _____

2. Applicant's Address: _____

3. Applicant's Phone Number: _____

4. Membership Category of Applicant (please check one):

_____ Parent or legal guardian of a student with an exceptionality, other than gifted and talented, who is enrolled in a Franklin Parish School

School attended by child: _____

Grade level of child: _____ Elementary (Pre-K – 5)

_____ Middle School (6 – 8)

_____ High School (9 – 12)

_____ Teacher employed by Caldwell Parish School Board

School: _____

Grade(s)/Subject(s) taught: _____

_____ Principal employed by Caldwell Parish School Board

School: _____

_____ Paraprofessional employed by Caldwell Parish School Board

School: _____

_____ Other special education stakeholder

_____ Self-advocate (adult with a disability)

_____ Self-advocate (student with a disability)

_____ Member of organization serving students with disabilities (e.g., non-profit, community group, LRS, post-secondary education program, employer of students with disabilities)

C. What is your vision for students with disabilities in East Carroll Parish?

D. How do you think special education in East Carroll Parish can be improved? What issues do you think the panel should be discussing?

E. Please list all organizations, agencies, advisory boards, councils, or commissions you are affiliated with that serve students or individuals with disabilities or their families.
