

APPLICATION FOR SPECIAL EDUCATION ADVISORY COMMITTEE
MEMBERSHIP IN ROANOKE COUNTY PUBLIC SCHOOLS

Name:

Date of Application:

Address:

Home Phone:

E-mail:

Work Phone:

Cell Phone:

Are you a (check all that apply)

- ☐ parent? ☐ person with a disability? ☐ grandparent?
☐ guardian? ☐ foster parent of a child/youth with a disability?
☐ representative of a community agency? (please specify)
☐ representative of a business or association in the community? (please specify)

☐ other? (please specify)

If you are a parent or family member, what is your child's

Age? School?

Disability?

What do you hope to accomplish from your participation on the SEAC?

What unique experiences, perspectives, talents or skills could you bring to the SEAC?

If invited to serve on the SEAC, what do you see as needs in special education?
(List system-wide issues rather than personal issues)

How did you hear about the SEAC? (please check one)

- ☐ SEAC Member ☐ Brochure ☐ Teacher
☐ Parent Resource Center ☐ Other:

Send completed application to:

Dr. Beth Harman, Director of Special Education
Roanoke County Public Schools
5937 Cove Rd. NW
Roanoke, VA 24019
Fax: 540-562-3957