



The Special Education Advisory Council is seeking applicant volunteers for the 2025-26 through 2026-27 school years. A minimum of 8 applicants that meet one of the following requirements below will be selected to serve this two year term.

- A parent or legal guardian of a student with a disability receiving special education services from SCPPS should make up 50% of members. However, one high school student with a disability and one person who represents an entity that serves students with disabilities or families of students with disabilities may be counted to meet this requirement if not otherwise filled. (A parent, legal guardian, or outside entity representative cannot be an employee of SCPPS)
- A teacher, principal, or paraprofessional who serves students with disabilities and is employed by SCPPS will be selected as a member.
- A special education stakeholder will make up at least 10% of members.

The Special Education Advisory Council meets three times per year for approximately ninety minutes. The council may also engage in outreach activities in the community to increase the level of knowledge, support, and collaboration with respect to special education. The council provides advice and feedback regarding special education policies, procedures, and resources. During the 2024-25 school year, the council addressed topics such as school-to-school transition, SPED funding and how it is prioritized in relation to student needs, and brainstormed ways to expand family engagement opportunities for families.

The application that follows should be digitally submitted to [cpuryear@wearescpps.org](mailto:cpuryear@wearescpps.org) or sent to the Special Education Department at Central Office by 4:00 pm on April 25, 2025. If you have any questions, please contact Cierra Puryear, Parent Liaison, at 985-785-7260.



## St. Charles Parish Public Schools

13855 River Road  
Luling, LA 70070

### St. Charles Parish Public Schools Special Education Advisory Council (SEAC) Application

Please complete the application below. The application must be emailed to [cpuryear@wearescpss.org](mailto:cpuryear@wearescpss.org) or sent to the Special Education Department by 4:00 pm on April 25, 2025 for consideration.

#### Applicant Information

Full Name:	<i>Last</i>	<i>First</i>	<i>M.I.</i>	Date:	
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Address:	<i>Street Address</i>	<i>Apartment/Unit #</i>
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Address:	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
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Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Applied for:  Parent  Principal, Teacher, or Para educator  Other Special Education Stakeholder (check one)

Does your child receive Special Education services?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, what school does your child attend? \_\_\_\_\_ If yes, what grade is your child in? \_\_\_\_\_

If yes, what is your child's exceptionality? \_\_\_\_\_

Are you an employee of St. Charles Parish Public Schools? YES  NO

If yes, list your school and position: \_\_\_\_\_

**Experience and Professional Background**

**Educational background:**

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**Professional background/work experience:**

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**Prior school district involvement:**

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**Prior civic activities:**

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**Why are you interested in this position?**


**What strengths would you bring to this position?**


**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that completing this application does not guarantee appointment to the committee. Furthermore, I understand that participation is on a volunteer basis as there is no compensation provided to Special Education Advisory Council members. Additionally, I understand that the purpose of the Special Education Advisory Council is to be a resource for the local superintendent and school board. The St. Charles Parish Public Schools Special Education Advisory Council has no authority to direct school district personnel, operations, policies, or budgeting. There is no requirement that the advice or feedback of the St. Charles Parish Public Schools Special Education Advisory Council be adopted or implemented by the St. Charles Parish School Board or Superintendent.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_