

## Calcasieu Parish School Board

### Application for Special Education Advisory Council 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 Calcasieu 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 Calcasieu Parish School Board

School: \_\_\_\_\_

Grade(s)/Subject(s) taught: \_\_\_\_\_

\_\_\_\_\_ Principal employed by Calcasieu Parish School Board

School: \_\_\_\_\_

\_\_\_\_\_ Paraprofessional employed by Calcasieu Parish School Board

School: \_\_\_\_\_

Other special education stakeholder

\_\_\_\_\_ Self-advocate (adult with a disability)

\_\_\_\_\_ Self-advocate (high school student with an exceptionality)

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

Name of organization: \_\_\_\_\_

\_\_\_\_\_ Student Leader

Name of organization: \_\_\_\_\_

Position of leadership: \_\_\_\_\_

5. The **Calcasieu Parish Special Education Advisory Council** will meet at least three times during the school year. Will you be able to attend these meetings?

\_\_\_ Yes \_\_\_ No

6. Please answer the following questions (attach additional sheets as needed):

A. Why are you interested in membership on the Special Education Advisory Panel? What do you think best qualifies you for this position?

B. What do you hope to accomplish from your participation on the council?

C. What is your vision for students with disabilities in Calcasieu Parish

D. How do you think special education in Calcasieu Parish can be improved? What are some issues or topics you think the council should discuss?

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.

F. List any additional information you would like the membership committee to consider:

***I look forward to working with you all to make a difference in our student's lives!***

Please email this completed application to [Wendy.Hill@cpsb.org](mailto:Wendy.Hill@cpsb.org) and [Christa.Foolkes@cpsb.org](mailto:Christa.Foolkes@cpsb.org) OR mail your application to 3310 Broad St., Lake Charles, LA 70615 by Thursday, **October 9, 2025**, Attn: Dr. Jason VanMetre, Superintendent, Calcasieu Parish School System. Upon making the appointment(s), you will be notified by Friday, October 17, 2025.

Thank you for your interest in improving Special Education in Calcasieu Parish Schools!