



Ascension Special Education Advisory Council

(Ascension SEAC 2026-27)

The Ascension Special Education Advisory Council (Ascension SEAC) is an opportunity for parents, district staff, and community stakeholders to provide advice and feedback regarding special education policies, procedures, and resources. The members of Ascension SEAC shall engage in outreach activities in the community to increase the level of knowledge, support, and collaboration regarding special education.

The 2026-27 SEAC Council approved a recommendation for some needed changes to increase the efficacy of the council.

The council consists of at least ten (10) members but up to twelve (12), depending upon the qualifications of the applicant pool. At least fifty percent shall be parents or legal guardians of a child who receives special education services (non-district/school employees), at least ten percent shall be other special education stakeholders, and at least one shall be a principal, teacher, or paraprofessional who serves students with disabilities. Each member will be appointed for a two-year term and will act as an advisory council to the superintendent and/or the school board. The Ascension SEAC will hold six (6) meetings per school year. The meeting times will rotate between 12:00 noon and 5:00 p.m. Approximately fifty percent of the current year (2025-26) members will continue for one more year for 2027-26, and another fifty percent will be added to the council for a two-year term. The result will be a 50% rotation of members each year so that there will be consistency over time.

Council members will:

- Attend & actively participate in meetings with the Ascension Parish Special Education Director *
- Share input on upcoming decisions concerning policy, procedures, and use of resources
- Shall follow Louisiana's Open Meetings Law
- Work collaboratively to improve the educational system for students with disabilities

Application and selection process:

Applications are open to parents or guardians of disabled students, Ascension Public Schools employees, and other special education stakeholders. The application closes Friday, May 22, 2026, by 4:00 p.m. Accepted applicants will be notified of their selection within 10 business days.

Meeting Dates for Ascension SEAC Meetings 2026-27 *:

- August 19, 2026 @ NOON
- October 21, 2026 @ 5:00 p.m.
- December 16, 2026 @ NOON
- February 17, 2027 @ 5:00 p.m.
- April 21, 2027 @ NOON
- June 23, 2027 @ 5:00 p.m.

*** If a selected council member misses two or more meetings, they will be released from the council, and the first alternate applicant will be contacted to participate as a member of the council.**

Meeting Location:

Instructional Technology Training Center
14101 Roddy Rd.
Gonzales, LA 70737

Please see the next two pages for the 2026-27 Ascension Special Education Advisory Council application.

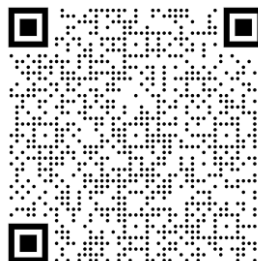
Three Options for submission:

1. Print out the application, complete it, and mail it to the Director of Special Education at the address listed below **by 4:00 pm on Friday, May 22, 2026.**
Ascension Parish Schools
Attn: Dr. Jennifer Vicknair, Director of Special Education
611 N. Burnside Ave.
Gonzales, LA 70737

2. Click on the link below and complete the Google Form survey:

[APS SEAC Application for 2026-27](#)

3. Use the QR code below, and complete the Google Form survey:



Ascension Parish Special Education Advisory Council (Ascension SEAC) Application

Please complete the application below. The application must be submitted by **4:00 pm on Friday, May 22, 2026**, to Ascension Parish Schools, Attn: Dr. Jennifer Vicknair, 611 N. Burnside Ave., Gonzales, LA 70737. You may also email your application to specialeducation@apsb.org

Successful appointees will be notified no later than 10 business days after applications close.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address:

Street Address Apt/Unit #

City State Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____

Position Applying for (check one):

Parent Position District Staff Position Special Education Stakeholder

Does your child receive Special Education services? Yes No

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 Ascension Parish Schools? Yes No

If yes, list your school and position: _____

Have you attended any SEAC meetings in 2025-26? Yes No

If yes, approximately how many meetings have you attended? _____

Check which type of attendance: In-person Virtual

Are you a current member of the 2025-26 SEAC team? Yes No

If YES, are you interested in serving a SECOND year for 2026-27? Yes No

Experience and Interest in Special Education

Educational background:

Professional background/work experience related to Special Education:

Prior school district involvement/Special Education:

Prior community/civic activities:

What strengths would you bring to this position?

Why are you interested in being on the SEAC team?

Disclaimer and Signature

Are you willing and able to make yourself available to attend six (6) Special Education Advisory Council (SEAC) meetings per school year and to participate in any community outreach activities supported by SEAC?

Yes No

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 Ascension Parish 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 Ascension Parish Special Education Advisory Council be adopted or implemented by the Ascension Parish School Board or local superintendent.

Signature: _____ Date: _____