

ARIZONA STATE BOARD OF EDUCATION

1535 West Jefferson, Bin 11

Phoenix, Arizona 85007

Phone: 602.542.5057

Fax: 602.542.3046

APPLICATION FOR CONSIDERATION FOR APPOINTMENT TO A
STATE BOARD ADVISORY COMMITTEE OR TASK FORCE

I am interested in serving on this advisory committee or task force:

Special Education Advisory Panel

I am not interested in serving on this advisory committee or task force at this time, but please keep my application on file for consideration in the future.

Date: _____ Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Email: _____ Preferred Method of Contact: Email Fax

Current Employment Information:

(please include name of employer, dates of employment, title and a brief description of job duties)

Previous State Board Committee Involvement:

(please include the name of the Committee, dates served, and position if applicable)

Why are you interested in this position? What do you think best qualifies you for this position?:

Please describe any civic organizations or projects in which you have been involved that you believe to be relevant to the position for which you are being considered for appointment:

Voluntary Information:

This information is used solely for the purposes of ensuring committees are comprised of members reflecting the entire state of Arizona and its community.

Male
Female

Residence:
Rural
Urban

----- Office Use -----

Nominated By: _____

Date Considered for Appointment: _____

Initial Appointed: Yes No Reappointment: Yes No

Term Effective: _____ Term Expires: _____

Date Notified: _____

**Arizona Department of Education
 Exceptional Student Services**
 1535 West Jefferson, Bin 24
 Phoenix, Arizona 85007
 Phone: 602.542.3855
 Fax: 602.542.5404

This form is for internal use only. IDEA '04 requires specific panel membership representation on the Special Education Advisory Panel (SEAP). To ensure that membership requirements are met, please check the category or categories that apply and attach to your SEAP application.

Date: _____ Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____ Preferred Method of Contact: E-mail Fax

I meet the requirements to serve under the following category (ies):

Please check all that apply.

<input type="checkbox"/> parent of a child with a disability who is eligible under IDEA 2004 (ages birth through 26)	<input type="checkbox"/> individual with a disability
<input type="checkbox"/> teacher	<input type="checkbox"/> administrator of programs for children with disabilities
<input type="checkbox"/> State and local education official, including officials who carry out activities under subtitle B of title VII of the McKinney-Vento Homeless Assistance Act	<input type="checkbox"/> representative of an institution of higher education that prepares special education and related service personnel
<input type="checkbox"/> representative of other State agencies involved in the financing or delivery of related services to children with disabilities	<input type="checkbox"/> representative of a public charter school
<input type="checkbox"/> a representative of a vocational, community, or business organization concerned with the provision of transition services to children with disabilities	<input type="checkbox"/> representative from the State child welfare agency responsible for foster care
<input type="checkbox"/> representative from a State juvenile corrections agency	<input type="checkbox"/> representative of a non-profit private school
<input type="checkbox"/> representative from a State adult corrections agency	
