



# Caroline County Public Schools Special Education Advisory Committee

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_  
(Home) (Work) (Cell)

Are you?: (check all that apply)

a person with a disability  a parent  a guardian  a foster parent  
 with a community agency  with a business  
 other(explain) \_\_\_\_\_

What is your child(s): Age: \_\_\_\_\_ School: \_\_\_\_\_

Disability: \_\_\_\_\_

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

Disability: \_\_\_\_\_

What do you hope to accomplish from membership on the SEAC?

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

If selected for the SEAC, what do you see as needs in special education? (Don't list personal issues, but rather a larger issue that affects all)

How did you hear about the Caroline County SEAC? (Please check **one**)

SEAC Member  Brochure  Teacher  Parent/Teacher Resource Center  Other: \_\_\_\_\_

Other comments: (continue on back)

Send completed application to: SEAC Committee - c/o Susan Gayle, PRC (804-633-7083)

\*\*\*Resume Optional  
16261 Richmond Turnpike  
Bowling Green, VA 22427