

**Alabama Special Education Advisory Panel (SEAP)
Membership Application**

Thank you for your interest in serving on the Alabama Special Education Advisory Panel. Please complete the following application for consideration of membership. We encourage you to complete all areas and information for consideration. All demographic information disclosed within this application will only be utilized in membership consideration and will not be disclosed to the public at large. All applications will be reviewed for consideration but does not guarantee appointment to the committee. The SEAP role is to participate in advisement to the Alabama State Department of Education Special Education Services regarding policy, practice, and state improvement efforts benefiting students with disabilities.

First Name:	Last Name:
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Please tell us in which membership role/s you would qualify or would like to be considered to serve on the SEAP. (Please check all areas that apply to you).

I am a/an:

Parent of a child with disabilities ages 3 to 26 receiving special education services

Individual with a disability

Teacher

Representative of Institutions of Higher Education

State and Local Education Officials (including McKinney-Vento Homeless Assistance Act)

Administrators of programs for children with disabilities in a school system

Representatives of State Agencies providing or involved in the financing or delivery of related services

Representative of Private Schools

Representative of Charter Schools

Representatives of a business organization concerned with the provision of transition services

Representative of the Department of Human Resources or Foster Care

Representative of State Department of Corrections

Representative of Juvenile Corrections

Other:

Please tell us about Yourself: All applicants

<p>Your Race:</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Two or More Races</p> <p>Your Ethnicity:</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Non-Hispanic</p> <p>Your Gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p>Your Education Level:</p> <p><input type="checkbox"/> HS Diploma or GED</p> <p><input type="checkbox"/> Technical Training</p> <p><input type="checkbox"/> Associates Degree</p> <p><input type="checkbox"/> Master's Degree</p> <p><input type="checkbox"/> Doctorate Degree</p>	<p>Your Mailing Address</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip Code: _____</p> <p>Phone Work Daytime (____) _____ - _____ extension _____</p> <p>Home (____) _____ - _____</p> <p>Cell (____) _____ - _____</p> <p>Email: _____@_____</p> <p>Alt Email: _____@_____</p> <p>County in which you live: _____</p> <p>County(ies) in which you work or provide services: _____</p>
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Please list your areas of study: _____	Do you speak alternate languages other than English? (Please List) _____
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For Parents of children with disabilities:

Your child's disability: _____

Your child's DOB: (MM/DD/YY): ____/____/____

What school does your child attend? _____

What school system is your child enrolled and receiving special education services?

For Individuals with a disability:

What is your disability? _____

For Educators:

What is your title or position? _____

With what school system or school institution are you currently employed?

Grades of students you educate or serve:

- Preschool
- K-3 (Elementary)
- 4-8 (Middle)
- 9-12 (High school)
- All 3-21 Years
- Higher Education beyond High School 18+ (Postsecondary)

Type of School:

- Public
- Private
- Charter
- Other: _____

Type of Educator:

- Regular Education
- Special Education
- Related Service Provider

Please describe, in your current position, the type of services or support you provide students with disabilities?

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For Professionals:

What is your job title or position? _____

What agency or organization are you employed with? _____

Please describe the services you provide students with disabilities?

For All Applicants:

Please tell us why would you like to be considered for SEAP membership and how you will contribute in an advisory capacity to improve services for Alabama students with disabilities?

Can you commit to serving on various committees and attending meetings up to six annually throughout the state?

If comfortable, please describe your experience with a person with a disability and why your knowledge would serve the panel well in improving services for students with disabilities.

Please include personal and/or professional letters of recommendation for consideration with this completed application.

Applicant Signature: _____ Date: _____

Please submit this completed application with any other letters of recommendation to:

Mail: Alabama State Department of Education
Special Education Services
P.O. Box 302101
Montgomery, AL. 36130
ATTN: Latasha Kendrick

E-mail: alseap@alsde.edu

Date of application submission: ____/____/____ Date application reviewed by committee: ____/____/____