

APPLICATION FOR MEMBERSHIP FOR NEBRASKA SPECIAL EDUCATION ADVISORY COUNCIL

I. Complete the following:

Name: _____ E-mail: _____

Address: _____
(Street) (City) (Zip Code)

County: _____

Phone: _____
(Area Code/Home Phone) (Area Code/Business Phone) (Area Code/Fax Number)

II. A. Check (✓) all that apply to you:

- I am a parent of a child(ren) with a disability(ies)
Specify disability(ies): _____
- Birth to 3 years old 3 years to 5 years old 6 years to 21 years old

I am a person with a disability(ies)
Specify disability(ies): _____

- I am an education service provider (Check [✓] the appropriate title)
- ___ Superintendent
___ Principal
___ Teacher/special educator (teaching assignment) _____
___ Nonpublic school personnel
___ College/University Instructor
___ Special Education Director/Supervisor
___ Other (specify): _____
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III. Complete the following:

- A. Do you belong to an organization/serve on a committee which is involved in some aspect of special education?

Yes No

➤ Name of Organization(s)/Committee: _____

➤ To what extent have you been involved in this organization(s)/committee? _____

➤ Would you be able to gather concerns from and report back to the organization(s) you listed?

Yes No

B. Meetings are usually held on Thursdays from 9:00 a.m. to 4:00 p.m. Would you be able to commit time to attend at least four such meetings during the school year (i.e., secure release time from work)?

Yes No

C. What history of association with or interest in special education programs do you have?

IV. Provide any other pertinent information:

Signature of Applicant	Date of Application
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Return to:
ATTN: Ann Bird, SEAC Facilitator
16235 California St.
Omaha, NE 68118