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): ___________________________________________________________________

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

Return to:
ATTN: Ann Bird, SEAC Facilitator
16235 California St.
Omaha, NE 68118