

## 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:**  
Nebraska Department of Education  
Office of Special Education  
PO Box 94987  
Lincoln, NE 68509-4987