

APPLICATION FOR SEAC MEMBERSHIP

Name:

Date of Application:

Address:

Home Phone:

E-mail:

Work Phone:

Cell Phone:

Are you a (check all that apply)

- Parent Person with a disability Grandparent
 Guardian Foster parent of a child/youth with a disability
 Teacher _____
 Representative of a community agency (Please specify) _____
 Representative of a business or association in the community (Please specify) _____

 Other (Please specify) _____

If you are a parent or family member, what is your child's

Age?

School?

Disability?

What district do you live in within PWCS? _____

(Gainesville, Brentsville, Occoquan, Potomac, Neabsco, Woodbridge, Coles)

What do you hope to accomplish from your participation on the SEAC?

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

If invited to serve on the SEAC, what do you see as needs in special education?

(List system-wide issues rather than personal issues.)

How did you hear about the PWCS SEAC? (Please check one)

- SEAC Member Brochure Teacher
 Parent Resource Center Other:

Send completed application to: duffetHT@pwcs.edu