



**APPLICATION FOR APPOINTMENT TO
THE SPECIAL EDUCATION ADVISORY COMMITTEE
(SEAC)**

(Please print legibly)

Name: _____

Address: _____

Home Phone: _____ E-mail: _____

Work Phone: _____ Cell Phone: _____

Are you a

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

Other (Please specify) _____

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

Age? _____ School? _____

Disability? _____

If you are a Parent Advocate, do you charge a fee for your services?

- No Yes N/A

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

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

If invited to serve on the Hampton SEAC, what do you see as needs in special education?
(List system-wide issues rather than personal issues.)

How did you hear about the Hampton SEAC? (Please check all that are applicable.)

SEAC Member Brochure Teacher

Other: _____

Please carefully consider that a substantial commitment of time and energy is required of the Hampton SEAC members.

*Members are expected to attend and actively participate in (*all) SEAC meetings and Special Education Department Parent Trainings that are held each school year, as well as the Annual Resource Fair. Members are also expected to participate in at least one community event or function for the purpose of relationship building and raising awareness within the community about the SEAC.*

*Our Committee's success depends on the active involvement of **all members**. By submitting this application, you hereby signify that **if appointed to serve** you **(1)** understand and agree to fulfill the foregoing expectations; and **(2)** will discharge all other duties/responsibilities to the best of your ability.*

(Unless excused by the SEAC Chair.)*

Signature

Date

Send completed application to: The Hampton SEAC Chair
HCS.SEAC@gmail.com