**Richland Parish School Board**

**Application for Special Education Advisory Panel Membership**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Membership Category of Applicant (please check one):

\_\_\_\_\_ Parent or legal guardian of student with an exceptionality, other than gifted and talented,

 who is enrolled in a Richland Parish School. School child attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Grade level of child: \_\_\_\_\_ Elementary (PreK – 5)

 \_\_\_\_\_ Middle School (6 – 8)

 \_\_\_\_\_ High School (9 – 12)

\_\_\_\_\_ Teacher employed by Richland Parish School Board - School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Grade(s)/Subject(s) taught:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Principal employed by Richland Parish School Board - School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Para-Professional employed by Richland Parish School Board - School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other Special Education Stakeholder

 \_\_\_\_\_ Self-Advocate (adult with disability)

 \_\_\_\_\_ Self-Advocate (student with a disability)

 \_\_\_\_\_ Member of organization serving students with disabilities (e.g. non-profit,

 community group, LRS, post-secondary education program, employer of students

 with disabilities) Name of Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ School Board Member

\_\_\_\_\_ Student Leader - Name of Organization and position of leadership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. The Richland Parish Special Education Advisory Council will meet at least three times during

 the school year. Will you be able to attend these meetings? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Please answer the following questions (attach additional sheets as needed):

1. Why are you interested in membership on the Special Education Advisory Panel?

What do you think best qualifies you for this position?

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1. What do you hope to accomplish from your participation on the panel?

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1. What is your vision for students with disabilities in Richland Parish?

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1. How do you think special education in Richland Parish can be improved? What issues do you think the panel should be discussing?

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1. Please list all organizations, agencies, advisory boards, councils or commissions you are affiliated with that serve students or individuals with disabilities or their families.

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1. List any additional information you would like the membership committee to consider:

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Please submit this completed application to Angie Snuggs, Special Education Supervisor, in person at 411 Foster Street, Rayville, LA 71269 or by mail at PO Box 599, Rayville, LA 71269.

Thank you for your interest in improving Special Education in Richland Parish School.