

Application for Norfolk Special Education Advisory Committee (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 Foster parent of a child/youth with a disability
- Representative of a community agency (List Agency Name) _____
- Representative of a business/ association in the community (List name/type) _____
- Other (Please specify) _____

If you are a parent/guardian/family member, what is your child's:

Age: _____ School: _____

Disability: _____

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 SEAC?

- SEAC Member Brochure Teacher
- Parent Resource Center Other

Please send completed application to:

Mr. Vashti Washington, SEAC Chair at washchildren@hotmail.com

Fax (757) 628-3825