

**Amador County Office of Education/Amador County Unified School District
Special Education Local Plan Area
217 Rex Avenue, Jackson, CA 95642
(209) 257-5330 ❖ FAX (209) 223-4739
http://www.amadorcoe.org**

**COMMUNITY ADVISORY COMMITTEE
APPLICATION FORM**

General Information

Name(s):	Home Phone:
	Work Phone:
Street Address/City	Mobile Phone:
	Email:

Please check one or more categories below as appropriate to your application:

<input type="checkbox"/> Parent of a child with a disability enrolled in public or private school in Amador County <input type="checkbox"/> Parent of other students(s) enrolled in the Amador Unified School District/Amador COE <input type="checkbox"/> Student and/or adult with disabilities Please specify: _____ <input type="checkbox"/> General education teacher Please indicate grade level, site and subject: _____
<input type="checkbox"/> Special education teacher or other school personnel. Please indicate position, site, and grade level(s) and subject(s) if applicable. _____
<input type="checkbox"/> Representative of public and/or private agency concerned with children with disabilities Please specify agency: _____
<input type="checkbox"/> Person concerned with the needs of children with disabilities

Additional Information

Have you been a member of any district or school-based committee? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, give the name of the committee, dates of membership, and your role.
Do you have children or grandchildren currently enrolled in the ACUSD/ACOE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which school(s)?
List present or past membership in any community service, civic, or youth organizations:
List participation in relevant seminars, workshops, volunteer work, professional organizations:

Qualifications

Describe your connection or concerns related to educational disabilities. You may attach additional pages, if desired.

Explain why you would like to be appointed to this committee. You may attach extra pages if desired.

Certificate of Applicant

All answers and statements in this document and attachments are true and complete to the best of my knowledge and belief.

Signature

Date:

Please send completed application to:

**Community Advisory Committee-SELPA
ACOE/ACUSD
217 Rex Avenue
Jackson, CA 95642**

**Faxed applications will be accepted.
FAX: (209) 223-4739**

If you have any questions, call the Amador County Office of Education-Special Education Office at (209)257-5330