

**Colonial Beach Public Schools  
Special Education Advisory Committee  
Application for Membership**

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please check all that apply regarding the applicant:**

- Parent
- Person with a disability
- Guardian
- Foster parent of a child/youth with a disability
- Teacher
- Grandparent
- 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, please complete the following:**

Age? \_\_\_\_\_ School? \_\_\_\_\_

Disability? \_\_\_\_\_

**Please answer the following questions:**

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? (Please list system-wide issues rather than personal issues.)

---

---

---

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

- SEAC Member                       Brochure                       Teacher
- Parent Resource Center                       Other: \_\_\_\_\_

**Send completed application to:**

**Lacey Neitzey, Director of Special Education  
Colonial Beach Public Schools  
102 1<sup>st</sup> Street  
Colonial Beach, Virginia 22443**