

**STATE INTERAGENCY COORDINATING COUNCIL NOMINATION FORM**

*Missouri Department of Elementary and Secondary Education*

*P. O. Box 480, Jefferson City, Missouri 65102-0480*

*Judy Goans, [judy.goans@dese.mo.gov](mailto:judy.goans@dese.mo.gov)*

*573-522-8762 and 573-526-4404 (fax)*

<b>Name of person making the nomination</b>		<b>Phone number of person making the nomination</b>
<b>Nominee</b>	<b>Mailing address of nominee</b>	<b>Email address</b>
<b>Daytime phone number</b>	<b>Evening phone number</b>	<b>Fax number</b>
<p><b>What “membership category” of the State Interagency Coordinating Council does this nominee appear to fill? (complete all that apply)</b></p> <p><input type="checkbox"/> Parent of infant or toddler with disabilities or child with disability(ies) aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities.</p> <p><input type="checkbox"/> Public or private provider of early intervention services (birth to three).</p> <p><input type="checkbox"/> Member of the State legislature.</p> <p><input type="checkbox"/> Representative from</p> <p>    <input type="checkbox"/> Parents As Teachers</p> <p>    <input type="checkbox"/> Parents Act (MPACT)</p> <p>    <input type="checkbox"/> Other entity or agency that interacts with infants/toddlers  Name of entity or agency _____</p> <p>    <input type="checkbox"/> First Steps Local Interagency Coordinating Council (LICC)  Name and Location of Council _____</p>		
<b>Has this person expressed interest in being nominated? Yes/No</b>		<b>Is the nominee able to attend daytime meetings 4 times per year in Jefferson City, Missouri? Yes/No</b>
<p><b>What qualifications does this nominee possess to provide representation on the Missouri State Interagency Coordinating Council? Please respond considering the membership category for which the nominee may qualify to fill.</b></p>          		
<b>What accommodation(s) does the nominee require, if any, to effectively participate as an SICC member?</b>		<b>What other national, state, or regional task forces, advisory panels, boards, or other such organizations is the nominee currently a member?</b>
<p><b>In order to attempt to have membership that is diverse and representative of the state, please complete the following information:</b></p>		
<b>Race</b>	<b>Ethnicity</b>	<b>Other diversity or uniqueness the nominee would bring to the Council</b>