

SPECIAL EDUCATION ADVISORY PANEL

NOMINATION FORM

This form is to be completed by the person nominating an individual to serve on the Special Education Advisory Panel (SEAP). Self-nominations are encouraged. Please note that, whether the individual is self-nominating or being nominated by someone, the last part of this form must be completed by the nominee.

NOMINEE INFORMATION				
Last Name	First Name	Email Address		
Mailing (Street) Address				
City	State	Zip	County	
Daytime Phone Number	Evening Phone Number	Fax Number		
Has this person expressed interest in being nominated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the nominee able to attend 4 to 6 meetings per year in the mid Missouri area? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What accommodation(s) does the nominee require, if any, to effectively participate as a SEAP member?				
What other statewide or regional task force, advisory panel, or other such organizations related to disability issues is the nominee a member (past and present)?				

NOMINATOR INFORMATION (IF OTHER THAN SELF)

Name of Person Making the Nomination	Phone Number	Email Address
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Relationship to Person Being Nominated

NOMINEE QUALIFICATIONS

What qualifications does the nominee possess to provide representation on the Missouri Special Education Advisory Panel? Please respond considering the membership category for which the nominee may qualify to fill.

OPTIONAL INFORMATION

Race

Ethnicity

Other diversity or uniqueness the nominee would bring to the Panel

REMAINDER OF THE FORM MUST BE COMPLETED BY NOMINEE

Members are appointed to the Special Education Advisory Panel to fill positions specified in the Individuals with Disabilities Education Act (IDEA). Nominees are asked to complete the section below in order for appointments to be made in accordance with the law.

NOTE: A change in the nominee's status prior to appointment or during the term of appointment could affect the ability of the individual to serve on the Panel.

Why do you want to serve on the Special Education Advisory Panel?

Please check all categories that apply:

Parent of child(ren) of age birth through 26 with an identification of an IDEA categorical disability listed below. Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Deaf/Blindness | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Hearing Impairment and Deafness | <input type="checkbox"/> Traumatic Brain Injury (TBI) |
| <input type="checkbox"/> Mental Retardation/Intellectual Disability | <input type="checkbox"/> Visual Impairment/Blindness |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Young Child with a Developmental Delay |
| <input type="checkbox"/> Orthopedic Impairment | |

School district in which the parent resides:

School district child attends, if different (not applicable to graduates):

Individual with a prior or current identification of an IDEA categorical disability listed below. Please check all that apply. Note: The individual must not currently be a student.

- | | |
|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Deaf/Blindness | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Speech or Language Impairment |
| <input type="checkbox"/> Hearing Impairment and Deafness | <input type="checkbox"/> Traumatic Brain Injury (TBI) |
| <input type="checkbox"/> Mental Retardation/Intellectual Disability | <input type="checkbox"/> Visual Impairment/Blindness |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Young Child with a Developmental Delay |
| <input type="checkbox"/> Orthopedic Impairment | |

Teacher Please specify current K-12 teaching assignment.

School/District

Grade Level(s)

Subject Area/Teaching Assignment

Representative of higher education institution that prepares special education and related services personnel

Name of Institution

Title/Responsibility

State education agency (DESE) official

Division/Department

Title/Responsibility

Local education agency (district) official

Name of District

Title/Responsibility

Education official who carries out activities under subtitle B of title VII of the McKinney-Vento Homeless Assistance Act

Administrator of program for children with disabilities

Name of Program

Location of Program

Representative of other state agency involved in the financing or delivery of related services to children with disabilities

<input type="checkbox"/> Private school representative Name of School/System Title/Responsibility Location of School
<input type="checkbox"/> Public charter school representative Name of School Title/Responsibility Location of School
<input type="checkbox"/> Representative of a vocational, community, or business organization concerned with the provision of transition services to children with disabilities Name of Organization Title/Responsibility Location of Organization
<input type="checkbox"/> Representative from the state child welfare agency responsible for foster care Name of Agency Title/Responsibility Location of Agency
<input type="checkbox"/> Representative from the state juvenile and adult corrections agency Name of Agency Title/Responsibility Location of Agency
<p align="center">DESE is required to conduct a Criminal Record Check/Child Abuse/Neglect Registry Check on all individuals selected for possible appointment to the Special Education Advisory Panel before they can be officially appointed by the Commissioner of Education. The background check takes approximately two weeks.</p>
<p>SEND COMPLETED FORM TO:</p> <p align="right"><i>Lina Browner, Executive Assistant Office of Special Education Department of Elementary and Secondary Education P. O. Box 480, Jefferson City, Missouri 65102-0480 573-751-5739 and 573-751-3910 (fax) Lina.Browner@dese.mo.gov</i></p>