TASK FORCE ON BLIND STUDENT ACADEMIC AND VOCATIONAL PERFORMANCE

NOMINATION FORM

Missouri statutes provide for formation of a Task Force on Blind Student Academic and Vocational Performance. According to the statute, “this task force shall develop goals and objectives to guide the improvement of special education, related services, vocational training, transition from school to work, rehabilitation services, independent living, and employment outcomes for eligible students” (§162.1133.3)

This form is to be completed by the person nominating an individual to serve on the Blind Task Force (BTF). 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.

Anyone requiring Braille or large print copies of the following should contact the Office of Special Education at 573-751-0187. This document may also be emailed or faxed upon request.

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| **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?  Yes  No | | | | | | | |
| Is the nominee able to attend four to six meetings per year in the mid Missouri area?  Yes  No | | | | | | | |
| What accommodation(s) does the nominee require, if any, to effectively participate as a BTF 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 | |
| Relationship to Person Being Nominated | | | | | | | |
| **NOMINEE QUALIFICATIONS** | | | | | | | |
| What qualifications does the nominee possess to provide representation on the Task Force on Blind Student Academic and Vocational Performance? Please respond considering the membership category for which the nominee may qualify to fill. | | | | | | | |

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| OPTIONAL INFORMATION | |
| Race | Ethnicity |
| Other diversity or uniqueness the nominee would bring to the Task Force | |
| **REMAINDER OF THE FORM must be completed by nominee** | |
| Members are appointed to the Blind Task Force 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 Task Force. | |
| Why do you want to serve on the Blind Task Force? | |

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| **Please check all categories that apply:** |
| **Parent** of blind or visually impaired student currently attending public school in Missouri.  School district in which the parent resides:  School district child attends, if different (not applicable to graduates): |
| **Teacher of the Blind/Visually Impaired** Please specify current K-12 teaching assignment.  School/District Grade Level(s)  Subject Area/Teaching Assignment |
| **Public School Special Education Administrator** Please specify current K-12 teaching assignment.  Name of School District  Location of School |
| **Public School Building Principal** Please specify current K-12 teaching assignment.  Name of School District Grade Level(s)  Location of School |
| **State Education Agency** – Department of Elementary and Secondary Education (DESE) official  Department/Division/Section  Title/Responsibility |
| **State Education Agency** – Missouri School for the Blind official  Department/Division/Section  Title/Responsibility |
| **State Agency** – Department of Social Services official  Department/Division/Section  Title/Responsibility |
| **Consumer Organization** – National Federation of the Blind  Department/Division/Section  Title/Responsibility |
| **Consumer Organization** – Missouri Council of the Blind  Department/Division/Section  Title/Responsibility |
| **Employer**  Name of Organization  Title/Responsibility  Location of Organization |
| **Institution of Higher Education**  Name of Organization  Title/Responsibility  Location of Organization |
| **State Rehabilitation Council for the Blind (SRC)**  SRC District  Title/Responsibility  Location of District Office |
| **Certified Orientation and Mobility Specialist (COMS) Service Provider**  COMS County/City  Location of County Office |
| **Student Representative** – Currently enrolled in public secondary school in Missouri. Students may join the meeting via conferencing platform, designated by DESE, at a time agreed upon by the student and the Chairperson, no less than 14 days prior to the meeting.  District Name (where student is currently attending)  Grade Level  Location of School District |
| **DESE is required to conduct a Child Abuse or Neglect/Criminal record check on all individuals selected for possible appointment to the Blind Task Force before they can be officially appointed by the Commissioner of Education. The background check takes approximately two weeks.** |
| ***SEND COMPLETED FORM TO: 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 573-526-5946 (fax)***  [***Lina.Browner@dese.mo.gov***](mailto:Lina.Browner@dese.mo.gov) |