

**COMMUNITY ADVISORY COMMITTEE (CAC) FOR SPECIAL EDUCATION
APPLICATION FORM****Name:** _____ **Mobile Phone:** _____**Email:** _____ **Home Phone:** _____**Street Address/City:** _____**Please check:** I am a parent of an ACUSD student in: Special Education General Education **School of Attendance/Age(s):** _____ I am an ACUSD Student in: Special Education General Education **School of Attendance/Age:** _____ I am an ACUSD staff person working in: Special Education General Education **Site/Subject/Grade Level:** _____ I am (Other; Representative of Public or Private agency/Persons Concerned/Parent of out of area child, etc) Please specify: _____
_____**Why are you interested in being a member of the CAC:** _____

_____**What do you feel like you can contribute to the CAC:** _____

Additional Information (Optional):

Please share any relevant present/past membership in any district/school-based committees, community service, civic, youth organizations, relevant seminars, workshops, volunteer work, or professional organizations: _____

What is your or your child(s) area of special interest: _____

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

How did you hear about the CAC?: _____

Certificate of Applicant

All answers and statements in this document and attachments are true and complete to the best of my knowledge and belief. In accordance with our CAC bylaws, applicant must TBD to be considered a TBD member.

Signature: _____ **Date:** _____

applications will be accepted via:

email: TBD@acusd.org

faxed: (209) 223-4739

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

For questions, please call the Amador County Office of Education-Special Education Office at (209)257-5308.