

**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      School of Attendance/Age(s):  
 General Education      \_\_\_\_\_

I am an ACUSD Student in:       Special Education      School of Attendance/Age:  
 General Education      \_\_\_\_\_

I am an ACUSD staff person working in:       Special Education      Site/Subject/Grade Level:  
 General Education      \_\_\_\_\_

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: \_\_\_\_\_

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

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

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**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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**applications will be accepted via:**

**email:** amadorcountycac@gmail.com

**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.