



Community Advisory Committee for Special Education

ADVISING THE BOARD OF EDUCATION · SAN DIEGO UNIFIED SCHOOL DISTRICT

APPLICATION FOR MEMBERSHIP

General Information:

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

I am applying for membership in one of the following positions (please check all that apply):

Parent of student(s) with exceptional needs (parent, legal guardian or conservator of a child with a disability enrolled in the SELPA or having been enrolled in the SELPA within the past three school years in accordance with bylaw definition of CAC Parent.)

School of attendance of student #1 with exceptional needs: \_\_\_\_\_ Grade level: \_\_\_\_\_ (optional) Qualifying Disability \_\_\_\_\_

School of attendance of student #2 with exceptional needs: \_\_\_\_\_ Grade level: \_\_\_\_\_ (optional) Qualifying Disability \_\_\_\_\_

Parent of other students enrolled in a private or public school (may also be parents of students with exceptional needs)

School of attendance of other student enrolled in a private or public school: \_\_\_\_\_ Grade level: \_\_\_\_\_

Representative of public or private agency or organization (Specify Public or Private Agency/Organization)

Individual concerned with the needs of individuals with exceptional needs enrolled in schools in the SELPA

Pupil with disability (If pupil please indicate school of attendance) \_\_\_\_\_

Adult with Disability

Special Education Teacher (specify school / position / program)

Other School Personnel (specify position / program / job title / location)

General Education Teacher (specify school / grade)

CAC use only:

Date presented at CAC Exec Board: \_\_\_\_\_ Date scheduled to go to SDUSD BOE: \_\_\_\_\_

The CAC Constitution and Bylaws require that prospective members attend three (3) general sessions in a five-month period or seven (7) general sessions within a traditional school year (September through June) prior to applying for membership. Please specify the dates of the meetings you have attended:

---

**Interview Questions:**

Why do you want to join the CAC and how do you believe you can contribute to the CAC? What areas of special education interest you (accessibility/awareness/SEEC/Transition/etc.)?

---

---

---

Are you, or have you ever been, affiliated with any other related groups or organizations? Yes  No

---

Are you currently employed by the San Diego County Office of Education (SDCOE) or working under contract with them, or working for anyone who is under contract with them? Yes  No

Have you previously been employed by SDUSD or the SDCOE or worked under contract with either of those entities, or worked for anyone was under contract with them? Yes  No

If you answered yes to either of the above two questions please indicate name of employer, dates of employment and position.

---

Do you have any other potential conflict of interest?

---

**Commitment Statement:**

The Community Advisory Committee for San Diego Unified School District Special Education Local Planning Area, is a active committee. In accordance with the requirements, the committee is called to advise the Board of Education about issues related to special education. The committee fulfills duties in accordance with the State Education Code, the Local Plan and the Constitution and Bylaws. Each member is **required** to participate on a Standing Committee (Membership, Bylaws, or Outreach) and support other activities on behalf of the CAC.

I commit to be an active participant on the committee. In doing so, I will work to improve outcomes for all students by supporting needs based learning, equal opportunities and free appropriate public education in the least restrictive environment. I will attend scheduled general meetings and Standing Committee meetings as called for, to the best of my abilities. I will work collaboratively and follow the CAC Bylaws.

I hereby submit my application for membership on the Community Advisory Committee and certify that the information I have provided on this application is complete and correct and understand that failure to provide full disclosure or provision of incorrect or inaccurate information will result in forfeiture of membership.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please submit completed Application to CAC Chair or CAC Member at the next CAC meeting or email it to [cac@sandi.net](mailto:cac@sandi.net)