



San Diego South County Special Education Local Plan Area
680 L. St. Ste. E
Chula Vista, CA 91911
(619) 470-5252

CAC-Community Advisory Committee

General Information:

Name: _____ Email: _____

Mailing Address: _____

City, Zip: _____

Phone Number: Home _____ Work _____ Cell _____ Fax _____

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

- ☐ Parent of student 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. If you are applying as a parent of a student with exceptional needs, please complete page 3 (three) of the application form)
- ☐ Parent of a student in a private or public school *(other than a student with exceptional needs)*
- ☐ Pupil or Adult with Disability *(if pupil please indicate school of attendance)* _____
- ☐ Community Agency Representative *(Specify Public or Private Agency/Organization)*

- ☐ Individual concerned with the needs of individuals with exceptional needs enrolled in schools in the SELPA
- ☐ Special Education Teacher *(Specify school/position/program)*

- ☐ Other School Personnel *(Specify position/program/job title/location)*
- ☐ General Education Teacher *(Specify school/grade)*

Interview Questions:

1. Why do you want to join the CAC?

2. How do you believe you can contribute to the CAC?

3. Do you have any other interests related to the CAC? Yes ☐ *(explain)* No ☐

4. Do you have any questions about the CAC? Yes ☐ *(please note questions)* No ☐

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

CAC, APPLICATION FOR MEMBERSHIP, PAGE 2

6. Are you currently employed by a South County School District or the San Diego County Office of Education (SDCOE), (*please list, if any*) or working under contract with either of those entities, or working for anyone who is under contract with them? Yes ☐ No ☐

7. Have you previously been employed by a South County School District or the San Diego County Office of Education (SDCOE), or worked under contract with either of those entities, or worked for anyone who was under contract with them? Yes ☐ No ☐

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

9. Do you have any other potential conflict of interest?

10. Do you have any suggestions about ways to improve the South County and CAC or ways to reach out to other parents and the community?

Commitment Statement:

The Community Advisory Committee for South County, Special Education Local Planning Area, (SELPA) is an active committee. 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 Standing Committees and support other activities on behalf of the CAC.

It is the intent of the CAC to strive to maintain a voting membership of 'Parent' representatives (as defined in the CAC Constitution and Bylaws as a parent of a student with exceptional needs enrolled in the SELPA) reflective of the diversity in the South County SELPA. Furthermore, the CAC strives to ensure the committee has balanced representation from other groups.

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 schedule 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. I will certify that this application is complete and correct and understand that failure to provide full disclosure or providing incorrect or inaccurate information will result in forfeiture of membership. I further certify that I have read the current Constitution and Bylaws of the committee and understand the requirements for application and membership on the CAC.

Signature: _____ Date: _____

Parent Application: Student Information, PAGE 3

Parent Name: _____

Student Name: _____ Age: _____ Grade: Level _____

School Attending: _____ School of Residence: _____

Please Check All Boxes That Apply:

☐ IEP ☐ 504 Plan ☐ GATE ☐ Early Childhood ☐ General Education ☐ Other _____

Where does your child spend the majority of the school day?

☐ General Education ☐ Special Day Class (*Specify*) _____

☐ Non-public School (*Specify*) _____ ☐ Non-public Agency (*Specify*) _____

☐ Atypical School (Name) _____ ☐ Other _____

Federal Handicapping Condition (as listed on front page of IEP, if applicable)

- | | | |
|---|--|--|
| <input type="checkbox"/> Learning Disabled (LH/SLD) | <input type="checkbox"/> Orthopedic Impaired (OI, or OH) | <input type="checkbox"/> Mentally Retarded (MR) |
| <input type="checkbox"/> Autistic (AUT) | <input type="checkbox"/> Deaf (D) | <input type="checkbox"/> Speech Impaired (SI) |
| <input type="checkbox"/> Emotional Disability (ED) | <input type="checkbox"/> Multiple Handicapped (MH) | <input type="checkbox"/> Vision Impaired (VI) |
| <input type="checkbox"/> Deaf/Blind (DB) | <input type="checkbox"/> Hard of Hearing (H/H) | <input type="checkbox"/> Other Health Impaired (OHI) |
| <input type="checkbox"/> Traumatic Brain Injury (TBI) | | |

Other Disabilities that impact the Student's Ability to Learn: (*list/describe*)

Comments:

I hereby submit my application for membership and certify that this information is correct and complete.

Signature: _____ Date: _____