



## Membership Application

### Chesapeake Public Schools Special Education Advisory Committee (SEAC)

Name:

Date of Application:

Address:

Home Phone:

E-mail:

Work Phone:

Cell Phone:

Are you a (**check all that apply**)

Parent

Guardian

Teacher

Person with a disability

Grandparent

Foster parent of a child with a disability

Representative of a Community Agency (Please specify)

Representative of a Business or Association (Please specify)

Other (Please specify):

If you are a parent/family member, what is your child's: Age: Present school:

What do you hope to accomplish from your participation on the SEAC?

What unique experiences, perspectives, talents or skills will you bring to the SEAC?

If invited to serve on the SEAC, what do you see as needs in special education?  
(List global issues rather than personal issues.)

How did you hear about the Chesapeake SEAC?

Please send your completed Application to:

Dr. Craig Pinello Director of Special Education  
2107 Liberty Street  
Chesapeake, Virginia 23324

Date Received:  
Initials: