Red River Parish School Board

Application for Special Education Advisory Panel Membership

1. Applicant’s Name: ____________________________________________________

2. Applicant’s Address: ________________________________________________

3. Applicant’s Phone Number: __________________________________________

4. Membership Category of Applicant (please check one):

   _____ Parent or legal guardian of a student with an exceptionality, other than gifted and talented, who is enrolled in a Red River Parish School
   
   School attended by child: ____________________________________________

   Grade level of child: _____ Elementary (Pre-K – 5)
   
   _____ Middle School (6 – 8)
   
   _____ High School (9 – 12)

   _____ Teacher employed by Red River Parish School Board

   School: ____________________________________________________________

   Grade(s)/Subject(s) taught: __________________________________________

   _____ Principal employed by Red River Parish School Board

   School: ____________________________________________________________

   _____ Paraprofessional employed by Red River Parish School Board

   School: ____________________________________________________________

   _____ Other special education stakeholder

   _____ Self-advocate (adult with a disability)

   _____ Self-advocate (student with a disability)
Member of organization serving students with disabilities (e.g., non-profit, community group, LRS, post-secondary education program, employer of students with disabilities)

Name of organization: ________________________________

____ School Board Member

____ Student Leader

Name organization and position of leadership: __________________________

5. The Red River Parish Special Education Advisory Council will meet at least three times during the school year, during school hours. Will you be able to attend these meetings?

_____ Yes

_____ No

6. Please answer the following questions (attach additional sheets as needed):

A. Why are you interested in membership on the Special Education Advisory Panel? What do you think best qualifies you for this position?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

B. What do you hope to accomplish from your participation on the panel?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
C. What is your vision for students with disabilities in Red River Parish?

D. How do you think special education in Red River Parish can improve? What issues do you think the panel should be discussing?

E. Please list all organizations, agencies, advisory boards, councils, or commissions you are affiliated with that serve students or individuals with disabilities or their families.
F. List any additional information you would like the membership committee to consider:

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Please submit completed applications to Kelli Pickett at 1922 Alonzo Street, by December 16, 2019.

The Superintendent, Alison Hughes, will appoint and notify the council membership by December 20, 2019

Thank you for your interest in improving Special Education in Red River Parish Public Schools!