

## SPECIAL EDUCATION ADVISORY COUNCIL APPLICATION

The Special Education Advisory Council provides input, advocacy and recommendations to the Department of Special Education Services on the needs of students with disabilities ages 3 to 21 and their families. The council includes parents of children with special needs attending Fayette County Public Schools, teachers and community members.

If you would like to be considered as a member, please complete this application and mail it to:

FCPS Director of Special Education, 1126 Russell Cave Road, Lexington KY 40505

Name: Last First Address:\_\_\_\_\_ Street and City ZIP Email address: Home phone:\_\_\_\_\_\_\_Work\_\_\_\_\_\_Cell \_\_\_\_\_ Membership: Parent \_\_\_\_\_Staff \_\_\_\_\_Agency \_\_\_\_\_Other:\_\_\_ In an effort to respectfully balance the council, what disability categories would you represent?\_\_\_\_\_ Section I: Completed by Parents and Staff only School name: \_\_\_\_\_Elementary \_\_\_\_\_Middle \_\_\_\_\_ High school Grade level: Preschool Section II: Completed by Agency and Community Members Employed by: \_\_\_\_\_ Work Address: Present Position:



1.	Please describe your reasons for wanting to be considered as a member of the Special Education Advisory Council. How will your membership benefit the council? Attach additisheets if necessary.	onal
2.	Areas of concern:  a. In your opinion, what are the three pressing areas of concern facing children with special needs, families and/or teachers in Fayette County Public Schools?	
	b. What recommendations and or solutions do you propose?	
3.	Please list any relevant experience that might contribute to or enhance your membership the council (other board memberships, volunteer work, professional expertise, community involvement, etc.) Attach an additional sheet if needed.	
Signatı	ure: Date:	