





**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 additional sheets if necessary.**

**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 on the council (other board memberships, volunteer work, professional expertise, community involvement, etc.) Attach an additional sheet if needed.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**