Application for Membership

San Francisco Unified School District
COMMUNITY ADVISORY COMMITTEE for SPECIAL EDUCATION

Name: _____

Address: _____

Email: _____ Occupation: _____

Home Phone #: _____ Work Phone #: _____

Please check all that apply:

Person applying for membership is a:	☐ Parent	☐ Professional	☐ Staff/other	
	☐ Student			
You or your child is enrolled in:	☐ Regular Education	☐ Special Education	☐ Other	
☐ RSP	☐ Special Day Class	☐ Occupational Therapy	☐ Speech Therapy	☐ APE
Your area(s) of interest is:	☐ Learning Disabled	☐ Physically Disabled	☐ Hearing Impaired	☐ Autism
☐ Speech and Language	☐ Visually Impaired	☐ Developmental Disability	☐ Other _____	

What would you like to contribute to the CAC? _____

_____

How did you hear about the CAC? _____

Have you attended any CAC meetings? ☐Yes ☐No When: _____

Signature: _____ Date: _____

For CAC use:

Sent to Selpa Director: _____
Name Date

Sent to SFUSD School Board: _____
Approved Date

Community Advisory Committee: _____
Chair Signature Date

Membership is: ☐ Approved ☐ Denied ☐ Pending

Date: _____

(11/2007)