



S E A C
Special Education Advisory Council
1010 Richards Street, Room 118, Honolulu, HI 96813
Phone: 586-8126 Fax: 586-8129
email: spin@doh.hawaii.gov

MEMBER APPLICATION

Name _____

Address _____

Phone (h) _____ (w) _____ E-mail _____

Please check all that apply. I am:

- A parent or legal guardian of a child(ren) with a disability under age 27. Child's age and disability (optional) _____
- An individual with a disability
- A teacher (general and/or special education) of children with disabilities
- A representative of the University of Hawaii or other institutions of higher education that prepare special education and related services personnel
- A State, district, complex or school education official
- An administrator of programs for children with disabilities
- A representative of state agencies involved in the financing or delivery of related services to children with disabilities
- A representative of a private school
- A representative of a public charter school
- A representative of a vocational, community or business organization concerned with the provision of transition services for children with disabilities
- A representative of the State juvenile correction agencies
- A representative of the State adult correction agencies
- A representative of the Parent Training and Information Center
- A representative of the community
- A representative of the education office responsible for the coordination of education for children and youth who are homeless
- A representative of the state child welfare agency responsible for foster care of children
- A representative of military students/families

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MEMBER APPLICATION

Please indicate your level of formal education.

What is your current employment (include parenting and volunteer work, if appropriate)?

List experiences, if any, on any board, commission or community group.

Please describe your knowledge or experience in the area of special education.

Why do you want to serve on SEAC? What is your vision and what contributions do you hope to make?

Signature _____ Date _____

Thank you for your interest in serving on the Special Education Advisory Council. You may submit your application to the street address or email listed on page 1 of the application. Applications will be kept on file for two years, and applicants may check the standing of their application at any time. New members are appointed to the Council by the Superintendent of Education to fill vacant constituencies.