

Henrico County Special Education Advisory Committee
Application for Membership

Thank you for your interest in applying for membership on the Special Education Advisory Committee (SEAC). Depending on the number of open seats each year, new SEAC members are appointed by the School Board to serve a three year term. We strive to have equal representation from every district, age and disability of children, and ethnic background.

Applicant Name: _____ **Date of Application:** _____
Address: _____

District: Brookland
 Fairfield
 Three Chopt
 Tuckahoe
 Varina

Phone: Home: _____ **Work:** _____ **Cell:** _____
Email: _____

Are you a parent, grandparent, guardian or foster parent of a child with a disability?
Yes
No

What is your child's age: _____ **School:** _____ **Disability:** _____

What do you hope to accomplish from membership on the SEAC?

What unique experiences, perspectives, talents or skills could you bring to the SEAC?

If selected for the SEAC, what do you see as needs in special education? (Don't list a personal issue, but rather a larger issue that affects all)

How did you hear about the Special Education Advisory committee?

Member of SEAC	County Website	Teacher
Brochure	Other	Parent Resource Ctr.

Please return completed applications to Director, Exceptional Education, Henrico County Public Schools, 3820 Nine Mile Road, Henrico, VA 23223 (804) 652-3801/652-3400 fax