General Information: Name: _____Email: ____ Mailing Address: _____ City, Zip: _____ Phone Number: Home Work Cell Fax I am applying to become a Voting Member of the South County Special Education Local Plan Area ("SELPA") Community Advisory Committee ("CAC"). I am seeking membership in the CAC on behalf of the San Ysidro School District ("District") as a: Parent or Legal Guardian of a student with a disability that is enrolled within the District; (If you are applying as a Parent or Guardian of a student with a disability, please complete page 3 of the application form) □ Special Education Teacher within the District (*Specify school/grade/program*) ☐ General Education Teacher within the District (Specify school/grade) Questions: (No more than 150 words per question) Why are you interested in joining the CAC and how did you first hear about the CAC? 1.

2. What are your expectations for membership within the CAC?

3.		How do you believe you can contribute to the CAC? (Please list any experience/training or past leadership roles you believe are relevant to the CAC position.)
4.		How long have you been associated with the District and in what capacity? If you are a parent, how long has/have your child(ren) attended school within the District?
5	•	Are you a past or present member of any groups, associations, and/or committees affiliated with the District?

6.	Describe your leadership style, including examples of any leadership roles you have held within the District and the impact on student success.
7.	Please tell us about a time you've collaborated with others to achieve a common goal and the outcome, including any examples specific to collaboration with and/or within the District.

Commitment Statement:

The South County SELPA CAC is an active committee. The committee fulfills duties in accordance with the State Education Code, the Local Plan and the CAC Bylaws. Each member is required to participate on Standing Committees and support other activities on behalf of the CAC.

In submitting this application, you acknowledge your willingness and ability to be an active Voting Member of the CAC for a term of at least two years if you are appointed by the District's Governing Board. In doing so, you agree to work to improve outcomes for all students by supporting needs-based learning, equal opportunities and free appropriate public education in the least restrictive environment. You agree to attend regularly scheduled CAC meetings and Standing Committee meetings as called for, to the best of your ability. You further agree you will work collaboratively and follow the CAC Bylaws.

Your signature below certifies that this application is complete and correct and you further understand that knowingly providing inaccurate information may result in forfeiture of membership. Your signature further certifies that you have read the current CAC Bylaws and understand the requirements for application and membership on the CAC.

Signature:	Date	• •

Student Information

Parent Name:						
Student Name:	Age:	Grade: Level				
School of Attendance:	_School of Residence:					
Please Check All Boxes That Apply:						
□ IEP □ 504 Plan □ GATE □ Early Childhood Educ	cation 🗆 Other					
I hereby submit my application for CAC membership and certify that this information is correct and complete.						
Signature:	Date:					