

**Robbinsdale Area Schools
Special Education Advisory Council (SEAC)
Application for Membership 2023-2024**

Name: _____ **Date:** _____

Address: _____

E-Mail: _____ **Phone/Cell:** _____

Please indicate which membership category (may be more than one) you represent:

_____ **Parent/Guardian Member**

Child's School: _____ Grade: _____

Disability Category: _____

_____ **School District Staff Member**

School: _____ Job Title: _____

Program Name: _____

_____ **Community Member**

Organization/Agency: _____

Your role: _____

Background & Qualifications:

1. Why are you interested in being a member of the SEAC? _____

2. What perspectives or skills can you contribute to the SEAC? _____

3. What system-wide special education concerns would you like to see the SEAC address? _____

4. Have you attended or visited a SEAC meeting before? ___Yes ___No

5. Have you read the SEAC job description &¹ participation requirements? ___Yes ___No

6. Optional: list any current or past participation in school, district, or community service committees, programs, or activities: _____

¹ Applications are accepted on an ongoing basis. Please return form via mail, e-mail or fax to:

Toni Boyden, Director of Student Services
Education Service Center
4148 Winnetka Ave. N., New Hope, MN 55427
toni_boyden@rdale.org
763-504-8600; fax: 763-504-8972