



S E A C
Special Education Advisory Council
919 Ala Moana Blvd., Room 101
Honolulu, HI 96814
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 of child(ren) with a disability. Child's age and disability (optional):

- An individual with a disability.
- Teacher (general and/or special education) of children with disabilities
- University of Hawaii representative or other institutions of higher education that prepares special education and related services personnel
- State, district or school education official
- Administrator of programs for children with disabilities
- Representative of state agencies involved in the financing or delivery of related services to children with disabilities
- Representative of a private school or public charter school
- Representative of a vocational, community or business organization concerned with provisions of transition services for children with disabilities
- Representative of the State juvenile and adult correction agencies
- Representative of the Parent Training and Information Center
- Representative of the community
- Representative of the education office responsible for the coordination of the Education for Homeless Children and Youth Program
- Representative of the state child welfare agency responsible for foster care of children.

Education and current employment (including homemaker and volunteer).

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 to serve on the Special Education Advisory Council. You may submit your application to the above address.