



SPECIAL EDUCATION PARENT ADVISORY COUNCIL APPLICATION (SEPAC)

Please note that submitting an application form does not guarantee placement on the Special Education Parent Advisory Council (SEPAC).

Date: _____

Full Name (please print): _____

Home phone: _____ Mobile phone: _____

Address: _____

Email Address: _____

Please check all that apply:

Parent of a student with an Individualized Education Plan (IEP)

List Campus: _____

Parent of a student with an Individualized Accommodation Plan (IAP) under Section 504

List Campus: _____

On which SAISD committees are you currently serving or have served on in the past:

What do you feel that you can contribute to the Special Education Parent Advisory Council?

How would you build and maintain parent engagement during your two-year term commitment?

