

South Dakota Advisory Council for Children with Disabilities

Advisory Panel Application Form

Contact Information

Mrs. Ms. Mr. Dr.

Name

Street Address

City ST ZIP Code

Home Phone

Work Phone

Cell Phone

E-Mail Address

Occupation

Place of employment

1. Have you ever served on an advisory panel for the State of South Dakota?

Yes

List: _____

No

2. Check all that apply (A term is three years):

I would like to be considered as a panelist for the upcoming term on the State Advisory Panel.

I would like to be considered as a panelist for future panels.

3. Using the codes below, record your primary area of expertise in the area of disabilities

(If more than one, indicate **primary** with checkbox, and additional with OTHER):

Parent of a child with a disability

Individual with a disability

Teacher

Educator, post-secondary

Transition Provider

Board Member

Administrator

Advocate

Representative of Private School

Representative from the State juvenile and adult corrections agencies

State Agency: _____

Other: _____

4. Check the following that best describes you (*for national reporting purposes – optional*).

- Asian
- Black/African American
- Hispanic/Latino
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- White (not Hispanic)
- Other: _____

5. Applicants with disabilities, please list any specific accommodations needed at meetings.

6. If you know of other qualified individuals who would be interested in serving on this panel, we would be happy to send them an application form. Please provide contact information below.

Please return completed application to:

SD Department of Education, Special Education Programs
Attn: Alicia Schoenhard
800 Governors Drive
Pierre, SD 57501