



# State Advisory Panel For Special Education

Twin Towers East • Suite 1870 • Atlanta, Georgia 30334-5040

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Thank you for your interest in Georgia's State Advisory Panel for Special Education. The Individuals with Disabilities Education Act (IDEA) mandates that all states have special education advisory panels to include representation from constituents who are concerned with providing improved educational opportunities to children with disabilities. The goal in Georgia is to have an active State Advisory Panel with broad representation from across the state to advise the Georgia Department of Education (GaDOE) regarding the state performance plan, state improvement grants, the Georgia Continuous Improvement Monitoring Process, IDEA Regulations and other initiatives designed to improve outcomes for all children with disabilities in Georgia's schools.

Please read the following qualifications for membership on the Panel. If you are interested in seeking membership on the State Advisory Panel, please complete the application, with references, and submit no later than April 1, 2009 in order to be considered for membership in 2009-2010. The membership committee will review applications and present recommendations to the State Board of Education for final approval at the July, 2009 board meeting.

## QUALIFICATIONS

1. Applicants must be a resident of Georgia, at least 18 years of age, a high school graduate and meet criteria in at least one of the following categories:
  - ▶ Individuals with disabilities
  - ▶ Parents/Guardians of a student with a disability having a current Individualized Education Program (IEP) in place
  - ▶ Teachers of students with disabilities (regular education and special education)
  - ▶ Education administrators
  - ▶ Representatives of institutions of higher education that prepare special education and related services personnel
  - ▶ Administrators of programs for children with disabilities
  - ▶ Representatives of other state agencies involved in the financing or delivery of related services to children with disabilities
  - ▶ Representatives of private schools and public charter schools
  - ▶ Representatives of a vocational, community, or business organization concerned with the provision of transition services to children with disabilities
  - ▶ Representatives from the State juvenile and adult corrections agencies
  - ▶ Representatives of state and local agencies, including officials who carry out activities of the McKinney-Vento Homeless Assistance Act

- ▶ Representatives of state child welfare agency responsible for foster care.
- 2. Individuals with disabilities and parents must make up 51% of panel membership.
- 3. Applicants agree to serve a three-year term.
- 4. If the applicant is a member of a local advocacy organization, a local special education advisory committee, or a local interagency committee, this should be indicated on the application.

### **APPOINTMENT**

Panel members are appointed by the State Board of Education to serve a three-year term. Applicants employed by a local school system or college/university should notify their local superintendent or department chairperson of their intent to apply for Panel membership. Nominees will be presented to the State Board of Education for its approval and will then be notified of their approval for Panel membership.

### **TRAVEL REQUIREMENTS**

The Panel meets four times each year. The applicant should plan for release time from job responsibilities for two days for each meeting. Travel and subsistence expenses are reimbursed at state rates.

### **MEMBERSHIP RESPONSIBILITIES**

Application must be complete to be considered.

Each Panel member will be expected to attend all four meetings per year.

**STATE ADVISORY PANEL FOR SPECIAL EDUCATION  
APPLICATION FOR MEMBERSHIP**

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ **9 digit** zip code \_\_\_\_\_ - \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_ Ext \_\_\_\_\_

FAX (    ) \_\_\_\_\_ E-mail \_\_\_\_\_

Home Congressional District Number (See link on SAP web page) \_\_\_\_\_

Have you served on the SAP before? \_\_\_\_\_ If yes, when? \_\_\_\_\_ (dates)

**Please check all that apply**

\_\_\_\_\_ Individual with disability      Area of disability: \_\_\_\_\_  
Accommodations needed (Please be specific): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Parent/Guardian of a student with a disability      Area of disability indicated on IEP: \_\_\_\_\_  
Child's date of birth: \_\_\_\_\_

\_\_\_\_\_ Teacher of students with disabilities (Special or Regular Education).  
Indicate area(s) & level(s) taught \_\_\_\_\_

\_\_\_\_\_ Representative of institution of higher education that prepares special education and related services personnel

\_\_\_\_\_ State or local education official

\_\_\_\_\_ Administrator of programs for children with disabilities

Are you a member of a local special education stakeholder group, or local interagency council?

Yes \_\_\_ No \_\_\_      If yes, please list panel(s) and/or council(s):

\_\_\_\_\_  
\_\_\_\_\_

Areas of specialty training (to include educational experiences):

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Current employer, job title, and basic responsibilities:

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Professional/Advocacy Affiliations:

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Please answer the following on a separate sheet:

- Why do you want to be a member of the State Advisory Panel?
- What is your vision for students with disabilities in Georgia?

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ I will commit to attend four, two-day meetings each year and I have my employer’s approval.

*By submitting this application to become a member of the State Advisory Panel to the Georgia Department of Education, the applicant acknowledges that this application is subject to the Georgia Open Records Act, §§ 50-18-70 et seq.*

**Please provide two references:** *(If an employee of a school system, state agency, or professional organization, we ask that at least one reference is professional.)*

**Reference #1.**

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Name Title

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Address

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E-mail address Phone

**Reference #2.**

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Name

Title

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Address

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E-mail address

Phone

Please submit applications and references by **mail, email or fax** to:

Linda Crawford  
Georgia Department of Education  
Divisions for Special Education Services & Supports  
Fax: 404-651-6457  
E-mail: [lcrawfor@doe.k12.ga.us](mailto:lcrawfor@doe.k12.ga.us)