



State Advisory Panel For Special Education

Linda Meiring, Chair

Steve Derr, Vice-Chair

Twin Towers East • Suite 1870 • Atlanta, Georgia

Thank you for your interest in applying for a position on 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 about 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 Personnel Development Grant, 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, 2013 in order to be considered for membership in 2013-2014. The membership committee will review applications and present recommendations to the State Board of Education for final approval at the June 2013 board meeting.

QUALIFICATIONS/REQUIREMENTS:

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 child with a disability age birth to 26.
 - Teachers of students with disabilities (regular education and special education)
 - Educational 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 information 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 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. In most instances, lodging is paid by the GaDOE and members are reimbursed for meals and mileage at approved state rates. Respite care may be reimbursed at designated rates.

MEMBERSHIP RESPONSIBILITIES

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

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

New Applicant **Current Member**

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) _____

Please check all that apply

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

Parent/Guardian of a child with a disability age birth to 26
Child's date of birth: _____
Child's area of disability: _____

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. Name of institution: _____

State or local education official

Administrator of programs for children with disabilities

Please check all that apply:

I have served on the State Advisory Panel previously.

If checked, please indicate years of service: _____

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

I am a member of a local advocacy group, local special education stakeholder group, or local interagency council. If yes, please list panel(s) and/or council: _____

Have you ever or do you currently serve on an advisory board? Yes No

If yes, please explain/describe:

Educational background:

Other areas of specialty training:

Current employer, job title, and basic responsibilities:

Professional/advocacy affiliations:

How did you find out about the State Advisory Panel?

Website current/previous panel member local school system

Other (please list)

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?

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.

Name

Title

Address

E-mail address

Phone

Reference #2.

Name

Title

Address

E-mail address

Phone

APPLICANT SIGNATURE _____ **DATE** _____

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 submit completed applications including narrative responses to questions by April 1, 2013. via **mail, email or fax** to:

Linda Crawford
Georgia Department of Education
Divisions for Special Education Services & Supports
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Atlanta, GA 30334

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E-mail: lcrawfor@doe.k12.ga.us