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
1. 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.

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Reference #2.

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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  
1870 Twin Towers East  
205 Jesse Hill Jr., Drive SE  
Atlanta, GA 30334

Fax: 404-651-6457  
E-mail: lcrawfor@doe.k12.ga.us