



Application to the Special Education Advisory Committee Michigan State Board of Education



Michigan Department of Education Office of Special Education

Last Updated: April 2022

Attach additional pages with application for responses if needed.

Name:		Today's Date:	
Category:	Organization	Ex-Officio State Agency	Member-At-Large
Applying for an open seat as a: Delegate Alternate			
Organization/Agency to be Represented:			
If referred by a State Board of Education member, please name here:			
Experience related to special education or students with disabilities:			
Educational and Related Organizational Affiliations:			
Additional information you would like to share:			
<p>Federal legislation mandates that the SEAC Membership be comprised of at least 51% of persons with or parents of a child with a disability. If a parent, the child needs to be under 26 years of age and receiving special education services for the duration of the appointment. To ensure compliance relative to the 51% membership, we ask you to identify if you meet that definition.</p> <p>I am a person with a disability</p> <p>I am a parent of a child with a disability who has a current IEP</p> <p>I am neither a person with a disability, nor a parent of a child with a disability who has a current IEP</p>			

page 1 shared with the State Board of Education as part of the approval process.

page 2-3 used by the Office of Special Education and SEAC Membership for ongoing communication purposes and work.

page 4 diversity reporting purposes in SEAC's Annual Report. No names to be used.



Work Email: Preferred email to be shared in SEAC Directory.	Home Email: Preferred email to be shared in SEAC Directory.
Work Mailing Address: Preferred address to be shared in SEAC Directory.	Home Mailing Address: Preferred address to be shared in SEAC Directory.
Work Phone: Preferred phone to be shared in SEAC Directory.	Cell Phone: Preferred phone to be shared in SEAC Directory.
On page 1, if you identified yourself as a parent of a child with a disability who has a current IEP, please identify the child's birthdate: and anticipated date of high school graduation:	
Organization/Agency Information <i>(for the group who is nominating you to represent them on SEAC, if applicable):</i> Mission: Purpose: # of members/employees: Contact Name: Contact Email: Contact Mailing Address: Contact Phone:	



Member at Large Information (if applicable):

Reason for attending SEAC:

Relevant professional experience:

Group, organization, committee involvement:

Interesting personal (*not work related*) fact that sets you apart from others:

Signature confirming the accuracy of all information above¹

Date

For office use only:

Received by:

Date:

¹ If unable to provide an electronic signature, you may type your name confirming accuracy of the information and sent to pettitt4@michigan.gov or you may print a copy, sign it, and mail to MDE Office of Special Education, SEAC Facilitator, 7300 Green Rd., Fenton, MI. 48430.



Diversity Reporting - for development of percentiles for reporting, <i>no names</i> will be used			Disability Key:			Highest Grade Completed: (choose one)		
			1 - ASD	5 - ECDD	10 - SLD			
Languages: (choose all that apply)			3 - DB	7 - OHI	12 - TBI	Doctorate degree (i.e., PhD, EdD) Professional degree beyond Master's degree (i.e., MD, DDS, DVM, EdS, LLB, JD) Master's degree (i.e., MA, MS, MEng, MEd, MSW, MBA) Bachelor's degree (i.e., BA, BS) Associates degree (i.e., AA, AS) 1 or more years of college credit, no degree Some college credit, but less than 1 year of college GED or alternative credential Regular high school diploma Middle school		
	Speak	Write	4 - DHH	8 - PI	13 - VI			
Arabic			(choose all that apply) I have a disability #(s) I have a school-age child(ren) with an active IEP #(s) Neither I nor my child(ren) has/have a disability					
Chinese								
English								
French								
French Creole								
German								
Italian								
Japanese								
Korean								
Persian								
Polish								
Portuguese								
Russian								
Sign Language								
Spanish								
Tagalog								
Vietnamese								
Gender: (choose one)			Race:			Employment: (choose one)		
Male	Female	Other	African American or Black African (North) American Indian or Alaska Native Asian Native Hawaiian / Other Pacific Islander Asian - Southwest Hispanic or Latino Middle Eastern White			Employed full-time (40+ hrs/week) Employed part-time (-40 hrs/week) Unemployed (seeking employment) Unemployed (not seeking employment) Student Retired Self-employed Unable to work		
Age: (choose one)			18-24 25-34 35-44 45-54 55-64 65+					
ISD/ESA: (where you LIVE)			Eaton RESA (2) Genesee ISD (2) Gogebic-Ontonagon ISD (1A) Gratiot-Isabella RESD (2) Hillsdale ISD (3) Huron ISD (2) Ingham ISD (2) Ionia ISD (3) Iosco RESA (1B) Jackson ISD (4) Kalamazoo RESA (3) Kent ISD (3) Lapeer ISD (2) Lenawee ISD (4) Lewis Cass ISD (3) Livingston ESA (2) Macomb ISD (4) Manistee ISD (1B) Marquette-Alger RESA (1A) Mecosta-Osceola ISD (2)			Menominee ISD (1A) Midland County ESA (2) Monroe ISD (4) Montcalm Area ISD (3) Muskegon Area ISD (3) Newaygo County RESA (3) Oakland Schools (4) Ottawa Area ISD (3) Saginaw ISD (2) Saint Clair County RESA (4) St. Joseph County ISD (3) Sanilac ISD (2) Shiawassee Regional ESD (2) Traverse Bay Area ISD (1B) Tuscola ISD (2) Van Buren ISD (3) Washtenaw ISD (4) Wayne County RESA (4) West Shore SD (1B) Wexford-Missaukee ISD (1B)		