

Leon County Schools
Exceptional Student Education District Advisory Council (ESE DAC)
Membership Input Form

Name: _____ Date: _____

Address: _____

Home Phone: _____ E-mail: _____

Work Phone: _____ Cell Phone: _____

Are you a (check all that apply)

- Parent Person with a disability Grandparent
 Guardian Foster parent of a child/youth with a disability
 Teacher
 Representative of a community agency (Please specify) _____
 Representative of a business or association in the community (Please specify) _____

Other (Please specify) _____

If you are a parent or family member, please provide the following information about your child:

Grade: _____ School: _____

Disability: _____

If you are applying for membership as a student with a disability, please provide the following information:

Grade: _____ School: _____

What do you hope to accomplish from your participation on the ESEDAC?

What unique experiences, perspectives, talents or skills could you bring to the ESE DAC?

If invited to serve on the ESE DAC, what do you see as needs in special education?
(List system-wide issues rather than personal issues.)

How did you hear about the ESE DAC? (Please check one)

- ESE DAC Member Brochure Teacher
 Parent Resource Center Other: _____

Send completed application to: Brooke Pautsch: esedacmembership@gmail.com