|  |  |
| --- | --- |
|  | **Special Education Programs**800 Governors DrivePierre, SD 57501-2235T: 605.773.3134F: 605.773.6139www.doe.sd.gov |

# South Dakota

# Advisory Panel for Children with Disabilities

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Occupation: |  |
| Place of Employment: |  |

## Background Information

1. Have you ever served on an advisory panel for the State of South Dakota?

[ ]  Yes List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  No

1. Check all that apply (A term is three years):

[ ]  I would like to be considered as a panelist for the upcoming term on the State Advisory Panel.

[ ]  I would like to be considered as a panelist for future panels.

1. Using the codes below, record your primary area of expertise in the area of disabilities

(If more than one, indicate ***primary*** with checkbox, and additional with OTHER):

[ ]  Parent of a child with a disability

[ ]  Individual with a disability

[ ]  Teacher

[ ]  Educator, post-secondary

[ ]  Transition Provider

[ ]  Board Member

[ ]  Administrator

[ ]  Advocate

[ ]  Representative of Private School

[ ]  Representative from the State juvenile and adult corrections agencies

[ ]  State Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Check the following that best describes you *(for national reporting purposes – optional)*.

[ ]  Asian

[ ]  Black/African American

[ ]  Hispanic/Latino

[ ]  American Indian/Alaskan Native

[ ]  Native Hawaiian/Pacific Islander

[ ]  White (not Hispanic)

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Check the following that best describes the disability category you represent.

[ ]  Deaf-Blindness (500)

[ ]  Emotional Disturbance (505)

[ ]  Cognitive Disability (510)

[ ]  Hearing Loss (515)

[ ]  Specific Learning Disability (525)

[ ]  Multiple Disabilities (530)

[ ]  Orthopedic Impairment (535)

[ ]  Visual Impairments (540)

[ ]  Deafness (545)

[ ]  Speech/Language Impairment (550)

[ ]  Other Health Impaired (555)

[ ]  Autism Spectrum Disorder (560)

[ ]  Traumatic Brain Injury (565)

[ ]  Developmental Delay (570)

1. Why are you interested in serving on the panel?

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

1. Applicants with disabilities, please list any specific accommodations you will need to attend meetings. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If you know of other qualified individuals who would be interested in serving on this panel, we would be happy to send them an application form. Please provide contact information below. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## References

Please list three references, with contact information.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |

**Please return completed application to:**

SD Department of Education, Special Education Programs

ATTN: Wendy Trujillo

800 Governors Drive

Pierre, SD 57501

Wendy.Trujillo@state.sd.us