# 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. The following roles are required on the State Advisory Panel. Choose the roles that would apply to you. (check all that apply)

Parent of a child with a disability who is under the age of 26

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 *(optional)*

Asian

Black/African American

Hispanic/Latino

American Indian/Alaskan Native

Native Hawaiian/Pacific Islander

White (not Hispanic)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Check the following disability category that best represents your child or students you serve. (Check all that apply)

Deaf-Blindness

Emotional Disturbance

Cognitive Disability

Hearing Loss

Specific Learning Disability

Multiple Disabilities

Orthopedic Impairment

Visual Impairments

Deafness

Speech/Language Impairment

Other Health Impaired

Autism Spectrum Disorder

Traumatic Brain Injury

Developmental Delay

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.

1. Name: Phone:

Relationship:

1. Name: Phone:

Relationship:

1. Name: Phone:

Relationship:

**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](mailto:Wendy.Trujillo@state.sd.us)