

## VACANCY ANNOUNCEMENT

The Louisiana Department of Education is seeking applications for membership on the Special Education Advisory Panel (SEAP). Members of SEAP represent public and private sectors that by virtue of their position, interest, or training can contribute information in regard to the education of students with disabilities. Fifty-one percent of the members must be parents of a child with a disability (ages birth through 26) or individuals with disabilities.

The Special Education Advisory Panel advises and assists the Louisiana Department of Education with the provision of free and appropriate public education for individuals with disabilities. It exists by authority of the Individuals with Disabilities Education Act (IDEA) to provide guidance on special education programs and services.

### **The Individuals with Disabilities Education Act requires the following categories of representation on state advisory panels:**

- » Parent (as defined in IDEA SEC. 602. Definition 23) of a child with a disability (ages birth through 26)
- » Individual with a disability
- » Teacher
- » Representative of an institution of higher education that prepares special education and related services personnel
- » State or local education official, including a Local Education Agency Special Education Supervisor or an official who carries out activities under subtitle B of title VII of the McKinney-Vento Homeless Assistance Act, (42 U.S.C. 11431 et seq.)
- » Administrator of a program for children with disabilities
- » Representative of another State agency involved in the financing or delivery of related services to children with disabilities
- » Representative of a private school
- » Representative of a public charter school
- » Representative of a vocational, community, or business organization concerned with the provision of transition services to children with disabilities
- » Representative from the State child welfare agency responsible for foster care
- » Representative of the State juvenile or adult corrections agency

### **Currently, there are vacancies in the role highlighted above.**

The SEAP will meet as a group approximately four to five times a year in Baton Rouge and members serve three year terms. Members may be entitled to reimbursement for travel expenses in accordance with the regulations promulgated by the Louisiana Commissioner of Administration in the Louisiana Travel Guide. Additional committee work time may be necessary.

Prospective members should consider their ability to fulfill the time commitment necessary to attend all meetings. Failure to attend two panel meetings in a year may result in review by the state educational agency for possible recommendation for termination.

Only emailed PDF application will be accepted. If you have questions, please contact:

### **Special Education Team**

Email: [specialeducation@la.gov](mailto:specialeducation@la.gov)

CONTACT INFORMATION			
Name:			Date:
Address:		Home Phone:	
City:		Cell:	Work:
State:	ZIP:	Email:	
The best time to contact me is:			

GENERAL INFORMATION	
Parish of Residence:	
Gender (Optional):	Race/Ethnicity (Optional):
<p><b>Note:</b> General information items will only be used by the membership committee for the purpose of ensuring that the SEAP is representative of the state's demographic and regional diversity. The membership committee's selection process will take place in accordance with the State's non-discrimination policy.</p>	

ELIGIBILITY AND QUALIFICATIONS
<p>Indicate <b>ALL</b> categories of representation for which you are eligible by checking the box:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parent (as defined in IDEA SEC. 602. Definition 23) of a child with a disability (ages birth through 26)</li> <li><input type="checkbox"/> Individual with a disability</li> <li><input type="checkbox"/> Teacher</li> <li><input type="checkbox"/> Representative of an institution of higher education that prepares special education and related services personnel</li> <li><input type="checkbox"/> State or local education official, including a Local Education Agency Special Education Supervisor or an official who carries out activities under subtitle B of title VII of the McKinney-Vento Homeless Assistance Act, (42 U.S.C. 11431 et seq.)</li> <li><input type="checkbox"/> Administrator of a program for children with disabilities</li> <li><input type="checkbox"/> Representative of another State agency involved in the financing or delivery of related services to children with disabilities</li> <li><input type="checkbox"/> Representative of a private school</li> <li><input type="checkbox"/> Representative of a public charter school</li> <li><input type="checkbox"/> Representative of a vocational, community, or business organization concerned with the provision of transition services to children with disabilities</li> <li><input type="checkbox"/> Representative from the State child welfare agency responsible for foster care</li> <li><input type="checkbox"/> Representative of the State juvenile or adult corrections agency</li> </ul>

**If you are applying as the representative or designee of a state or local agency, provide the following information:**

Agency Name:

Your Title:

**Signature of Agency Head (or attach other proof of authorization)**

Printed Name:

Signature:

Title:

**OPEN RESPONSE QUESTIONS**

Please keep responses under 300 words.

**What is the purpose of the Special Education Advisory Panel? Why are you interested in membership and what best qualifies you for this position?**

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

**What is your vision for students with disabilities in Louisiana?**

How do you think special education in Louisiana can be improved? What issues do you think the panel should be discussing?

**ADDITIONAL INFORMATION**

Please list all organizations, agencies, advisory boards, councils, or commissions you are affiliated with that serve students or individuals with disabilities or their families.

List any additional information you would like the membership committee to consider:

Applicant Signature:

<p style="font-size: 2em; margin: 0;">X</p>	<p>Date:</p>
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Please include the names of two personal references and their phone numbers:

Name	Phone Number

**Email Application to:**

**Special Education Team**

Email: [specialeducation@la.gov](mailto:specialeducation@la.gov)