

ABC UNIFIED SELPA  
COMITE CONSULTIVO de la COMUNIDAD  
Solicitud de Adhesion

2015-2016 Ano Escolar



**ABC UNIFIED SELPA**  
**COMITÉ CONSULTIVO de la COMUNIDAD**

**Solicitud de Adhesión**

**2015-2016 Año Escolar**

<b>Nombre:</b>			
<b>Dirección:</b>			
<b>Cuidad/Código Postal</b>			
<b>Teléfono de casa:</b>			
<b>Teléfono móvil:</b>			
<b>Dirección de correo electrónico:</b>			
<b>Marque los que aplica:</b>	<input type="checkbox"/> Niño/a matriculado en: <input type="checkbox"/> NLM <input type="checkbox"/> ABC	<input type="checkbox"/> Padres de: <input type="checkbox"/> NLM <input type="checkbox"/> ABC	<input type="checkbox"/> Profesionales
<b>Marque uno:</b>	<input type="checkbox"/> Educación general	<input type="checkbox"/> Educación especial	<input type="checkbox"/> Otro
<b>Areas de interes:</b>	<input type="checkbox"/> Trastorno de déficit de atención o trastorno de déficit de atención con hiperactividad (ADD/ADHD)	<input type="checkbox"/> Trastorno del espectro del autismo (ASD)	<input type="checkbox"/> Trastorno emocional (ED)
	<input type="checkbox"/> Síndrome de alcohol fetal	<input type="checkbox"/> Impedimento de salud Medicamento frágil En riesgo	<input type="checkbox"/> Impedimento auditivo/Sordera (HOH/DEA)
	<input type="checkbox"/> Impedimento del intelectual	<input type="checkbox"/> Discapacidad específica de aprendizaje (SLD)	<input type="checkbox"/> Discapacidades múltiples (MH)
	<input type="checkbox"/> Trastorno neurológicos	<input type="checkbox"/> Discapacidades múltiples (MH)	<input type="checkbox"/> Trastorno de habla o lenguaje (SLI)
	<input type="checkbox"/> Lesión cerebral traumática (TBI)	<input type="checkbox"/> Transición (Pre-escolar)	<input type="checkbox"/> Transición (Secundaria)
	<input type="checkbox"/> Impedimento visual incluyendo ceguera (VI/BL)	<input type="checkbox"/> Otro (Specify)	
<b>¿Tiene algún tipo de discapacidad?</b> <small>(CAC actively seek members who have disabilities in order to ensure representation)</small>			

Mi horario me permitirá dedicar el tiempo necesario para asistir a todas las reuniones CAC (4) y los entrenamientos de padres (minimo de 3). Estas reuniones serán en la noche entre las horas de 6:00- 8:30 p.m. Si \_\_\_\_\_ No \_\_\_\_\_

<b>Distrito escolar:</b>	<input type="checkbox"/> NLM <input type="checkbox"/> ABC  Si se aplica como padre de un alumno recibiendo servicios de educación especial anote el nombre de la escuela donde asiste su hijo/a  <b>Nombre de la escuela:</b> _____		
<b>Organizaciones de actividades cívicas en que pertenece</b>			
<b>¿Qué siente que puede contribuir al CAC?</b>			
<b>¿Ha asistido a cualquier reunion de CAC?</b>	<input type="checkbox"/> Sí	<input type="checkbox"/> No	

Su firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

**Final de la aplicación. No escriba debajo de la línea.**

*For CAC and District use*

Sent to the Director (Name) \_\_\_\_\_ Date: \_\_\_\_\_

Number of CAC members from your district to date: \_\_\_\_\_

Current membership comprised of:

- ☐ Parents                      ☐ Special Education Teachers                      ☐ General Education Teachers  
☐ Community Members

Additional applications received from:

- ☐ Parents                      ☐ Special Education Teachers                      ☐ General Education Teachers  
☐ Community Members

*For Director's use*

Nominated by Director:      ☐ Yes                      ☐ No

Appointed by the Board      ☐ Yes                      Date: \_\_\_\_\_

ABC UNIFIED SELPA  
COMMUNITY ADVISORY COMMITTEE FOR  
SPECIAL EDUCATION

MEMBERSHIP APPLICATION

2015-2016 School Year



**ABC UNIFIED SELPA**  
**COMMUNITY ADVISORY COMMITTEE FOR SPECIAL EDUCATION**  
**MEMBERSHIP APPLICATION**  
**2015-2016 School Year**

<b>Name:</b>			
<b>Address:</b>			
<b>City, Zip Code:</b>			
<b>Home Phone:</b>			
<b>Cell Phone:</b>			
<b>Email Address:</b>			
<b>Check one:</b>	<input type="checkbox"/> Parent of a child enrolled in general ed.	<input type="checkbox"/> Parent of child enrolled in special ed.	
<b>Check one:</b>	<input type="checkbox"/> Staff/Professional	Specify area of interest or expertise:	<input type="checkbox"/> Representing Other Specify:
<b>Do you have a disability?</b>	(CAC actively seek members who have disabilities in order to ensure representation)	<input type="checkbox"/> Yes	Specify (Optional)
<b>Area(s) of Interest:</b>	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> Emotional Disabilities
	<input type="checkbox"/> Fetal Alcohol Syndrome/Disorder	<input type="checkbox"/> Health Impairment Medically Fragile At Risk	<input type="checkbox"/> Hearing Impairment Deafness
	<input type="checkbox"/> Intellectual Disabilities	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Multiple Disabilities
	<input type="checkbox"/> Neurological Disabilities	<input type="checkbox"/> Orthopedic Disabilities	<input type="checkbox"/> Speech/Language Impairment
	<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Transition (Preschool)	<input type="checkbox"/> Transition (Secondary)
	<input type="checkbox"/> Visual Impairment Blindness	<input type="checkbox"/> Other (Specify)	

**My schedule will enable me to commit the necessary time to attend all CAC meetings (4) and parent trainings (minimum of 3). These meetings are held in the evening between 6:00 & 8:30 p.m.**

**Yes** \_\_\_\_\_

**No** \_\_\_\_\_

<b>School of Attendance</b>	If you are applying as a parent of a student receiving special education services, the name of the school your child attends:  <b>School Name:</b> _____		
<b>Civic Activities Organizations you belong to, if any</b>			
<b>What do you feel you can contribute to the CAC?</b>			
<b>Have you attended any CAC meetings?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**End of Application—Do not write below the line.**

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*For CAC and District use only:*

Sent to Leslie Fagan, Director Date: \_\_\_\_\_ Current Number of CAC Members: \_\_\_\_\_

Current membership comprised of:

- ☐ Parents
 ☐ Special Education Teachers
 ☐ General Education Teachers  
☐ Community Members

Additional applications received from:

- ☐ Parents
 ☐ Special Education Teachers
 ☐ General Education Teachers  
☐ Community Members

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*For Director's use*

Nominated by Director: ☐ Yes ☐ No

Appointed by the Board ☐ Yes Date: \_\_\_\_\_