

**DUVAL COUNTY PUBLIC SCHOOLS
EXCEPTIONAL STUDENT EDUCATION
ADVISORY COMMITTEE (ESEAC)
MEMBERSHIP APPLICATION
FOR CONSIDERATION**

CONTACT INFORMATION

Name _____ Race/Sex _____

Address _____ Zip _____

Phone _____ Fax _____

E-Mail Address _____

Contact information for members of the ESEAC will be made available to all ESEAC members, upon request to the Duval County Public School Board, and upon request to any interested member of the public. You may provide a work address if you do not wish to have your personal home address provided to anyone requesting information about the committee. If you do not have a work address you wish to use, you may use the FDLRS/Crown Parent Services contact, at 4124 Boulevard Center Dr. Jacksonville FL. 32207. You will need to make arrangement to pick up any correspondences at that location from the Parent Services Specialist. **All other information** shared on this application will be viewed only by the ESEAC for screening purposes.

Do you have a child in a Duval County Public Schools ESE program? Yes____ No____
What exceptionality? _____

What is your occupation? _____

Will you be able to attend the regular ESEAC meetings? Yes____ No____

Do you have any personal experience or attributes that would contribute to the ESEAC?
Yes____ No____
If yes, please explain _____

Do you feel comfortable in discussing issues in the presence of committee members who are district level staff members with the Duval County School Board?
Yes____ No____ Maybe____
If no, please explain _____

Do you have any experience in working with any parent groups?
Yes____ No____
If yes, please explain _____

Have you done any volunteer work with the organizations that are civic minded?

Yes____ No____

If yes, please explain

Do you have knowledge of federal laws governing the educational rights of children with special needs? Yes____ No____ I am willing to learn____

Are you willing to attend School Board meetings when issues regarding exceptional students are on the agenda (meetings are the first and third Tuesday of each month)?

Yes____ No____ Maybe____

Are you willing to address the board members at those meetings?

Yes____ No____ Maybe____

Are you willing to serve as?

____ Executive Board Member

____ Secretary

____ Sub-Committee Chair

____ Not at this time

____ Sub-Committee Member

Can you assist in compiling or doing any of the following?

____ Technical Reports

____ Phone Calling

____ Graphics

____ Contacting Legislators

____ Typing

____ Communications with

____ Mail-outs

media personnel

____ Technical Assistance

____ Other, please list_____

(E.g. website, computer assistance,
mailing database, etc.)

Please list all other committees, agencies or groups you are serving on at this time.

What if any significant issues regarding Exceptional Student Education are of concern to you at this time? Please summarize the issue(s) or action(s) you believe should be addressed. Also, please provide recommendations or suggestions on how the issue(s) might be resolved. _____
