

BUTTE COUNTY SELPA

Application for Membership

COMMUNITY ADVISORY COMMITTEE FOR SPECIAL EDUCATION

Name: _____

Address: _____
Street City Zip Code

E-mail address: _____

Home Phone: _____ Other Phone: _____

Please Check One: Student Parent Staff

Please Check One: Regular Education Special Education Other

Areas of Interest: Learning Handicapped Physically Handicapped
 Severely Handicapped Communicatively Handicapped
 Other _____

Do you have a disability? Yes No

Civic Activities or Organization you belong to, if any: _____

What do you feel you can contribute to the CAC? _____

How did you hear about the CAC? _____

Have you attended any CAC business meetings? Yes No if yes when? _____

School district name: _____

Signature: _____ Date: _____

** Send your completed form to your school district's Special Education Director.*

District to complete the information below and submit to Butte County SELPA

Approved by Special Education Director: _____ Date: _____
(Name & Title)

Total number of CAC members from your district to date: _____

Current members comprised of:
_____ Parents _____ Students _____ Special Ed. Teachers _____ Regular Ed. Teachers

Signature: _____ Date: _____

Please send completed form to Tina Richter: Butte County SELPA, 1859 Bird Street, Oroville, CA 95965. Or email it to trichter@bcoe.org. Questions please call Tina at 530-532-5875