



## Application for **Membership** Special Education Citizens' Advisory Committee (SECAC)

Baltimore City Public Schools

**Application For:**    **New Appointment**    **Reappointment**   ★    **General Mem**    **Voting Mem**

<b>Name</b>	
<b>Street Address</b>	
<b>City/State/Zip</b>	
<b>Home Phone</b>	
<b>Email Address</b>	
<b>Race</b> <i>(Optional and for the purposes of assuring diversity in representation)</i>	
<b>Gender</b> <i>(Optional and solely for the purposes of assuring diversity in representation)</i>	
<b>Resident Jurisdiction</b> <i>(Solely for the purposes of assuring diversity in representation)</i>	
<b>Employer</b>	
<b>Work Address</b>	
<b>City/State/Zip</b>	
<b>Work Phone</b>	
<b>Email Address</b>	

### Membership Category

**Please identify, with a check mark, the group you are applying to represent.**

- Parent of a student with a disability  
Name of child's school \_\_\_\_\_ Child's age \_\_\_\_\_ Child's Disability \_\_\_\_\_
- Special or General Educator: School System \_\_\_\_\_ Subject taught \_\_\_\_\_
- Individual with a disability
- Representative of a college or university; Name of college or university \_\_\_\_\_
- Local or State education official who carries out activities relative to the McKinney-Vento Homeless Act  
Local school system \_\_\_\_\_ Title \_\_\_\_\_
- Administrator of programs for students with disabilities;
- Representative from nonpublic schools and charter schools;
- Representative of a vocational, community, or business organization concerned with the provision of transition services to students with disabilities;
- Representative of a public or private agency, community or business organization concerned with the provision of related services to students with disabilities
- Representatives from the State juvenile and adult corrections agencies
- Representatives of the State Parent Training and Information Center (Parents' Place of Maryland, Inc.)

## Qualifications

Please summarize the qualifications you possess to provide representation on the SECAC. Please respond considering the membership category for which you may be qualified.  See attached resume (optional).

Are you an officer or director of, or engaged in lobbying activities for, any organization?  Yes  No

## Other Memberships

Please specify any advisory panels or committees on which you have served or currently serve.  See attached resume.

You may attach a resume which includes your work and professional experience and civic organization affiliations.

**PLEASE RETURN FORM TO:**

Chicquita MB Crawford, **SECAC** Chairperson  
Baltimore City Public Schools  
Office of Special Education  
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Baltimore, Maryland 21202  
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