



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

Baltimore City Public Schools

**Application For:**

**New Appointment**

**Reappointment**

<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>School</b>	
<b>Work Address</b>	
<b>City/State/Zip</b>	
<b>Principal</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 \_\_\_\_\_
- Individual with a disability or with special needs
- Peer Student of a student with a disability with special needs
- Student who attends a special program (Please List) \_\_\_\_\_
- Student with a disability or special needs attending a Charter School
- Student with a disability or special needs attending a Non-Public Schools
- I have a simply with a disability or special needs
- I have a family member with a disability or special needs
- I have a friend or neighbor with a disability or special needs
- Other \_\_\_\_\_

### Nominated By

- Self       Advocate \_\_\_\_\_       Program/Agency \_\_\_\_\_
- Principal \_\_\_\_\_       Teacher \_\_\_\_\_
- Parent \_\_\_\_\_       Other Family Member \_\_\_\_\_

## 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  
200 East North Avenue  
Room 201, #97  
Baltimore, Maryland 21202  
Phone: 443-642-4502 \* Fax: 410-361-9806  
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