



# Application for Advisory Commission on Special Education

Date Received:

**California State Board of Education**  
1430 N Street, Room 5111, Sacramento, CA, 95814  
Phone 916-319-0399; Fax 916-319-0175

Revised 12/2022

**APPLICATIONS DUE: 5:00 P.M. Friday, February 3, 2023**  
**(Please complete all items, attach a résumé, and two letters of recommendation.)**

Advisory Body: **Advisory Commission on Special Education**

Are you a parent/guardian of a child with a disability?

Yes       No

If yes, what is the age of your child? \_\_\_\_\_

Does your child currently have an Individualized Education Program or IEP?

Yes       No

Application Date: \_\_\_\_\_

## Applicant Information

Name of Applicant

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Employer (if applicable): \_\_\_\_\_

Current Position (if applicable): \_\_\_\_\_

# Questionnaires

**In completing this application, please present information concisely and in the form requested. Please note that all applications, including résumés and letters of recommendation, will be available for public review (except personal contact information).**

In accordance with California *Education Code*, Sections 33590-33596, each member must be selected to ensure that the Commission is representative of the state population and composed of individuals involved in, or concerned with, the education of children with disabilities. A majority of the members of the Commission must be individuals with disabilities, or parents of children with disabilities (birth to 26 years, inclusive).

**Select the role that applies to you. (You may select more than one)**

- |   |  |
|---|--|
| <input type="checkbox"/> Parent of a child with disabilities (birth to 26 years)  | <input type="checkbox"/> Representative of private schools   |
| <input type="checkbox"/> Individual with disabilities   | <input type="checkbox"/> Representative of a vocational community or business organization concerned with the provision of transition services to children with disabilities |
| <input type="checkbox"/> Teacher  |  |
| <input type="checkbox"/> Representative of higher education   | <input type="checkbox"/> Representative of the State Department of Social Services responsible for foster care   |
| <input type="checkbox"/> State or local education official or administrator   | <input type="checkbox"/> Representative of the state juvenile and adult corrections agencies   |
| <input type="checkbox"/> Representative of other state agencies involved in the financing or delivery of related services to children with disabilities | <input type="checkbox"/> Representative of charter schools   |

**Question 1:** Describe your experience and knowledge, either personal and/or professional that has contributed to your understanding of the education of students with disabilities under the federal Individual with Disabilities Education Act. Please limit your response to no more than 250 words.

**Question 2:** According to the California School Dashboard, students with disabilities are the lowest performing student group in the state. As the Advisory Commission on Special Education considers matters for the State Board of Education, the Superintendent, the Legislature and the Governor, what do you believe is one major policy issue the state should address to improve outcomes for students with disabilities? Please limit your response to no more than 250 words.

**Question 3:** How did you learn about the Advisory Commission on Special Education and why do you wish to serve on this Commission? Please limit your response to no more than 250 words.

### **Relevant Employment and/or Volunteer Experience**

List the most recent first.

<b>Position</b>	<b>Organization or Agency</b>	<b>Dates</b>

Position	Organization or Agency	Dates

## Educational Background

List the most recent first.

Institution or Program	Degree(s)	Date(s)

## Professional Licenses and/or Certificates

List awards, honors, or citations received and/or training or workshops relevant to the Commission.

## Professional Affiliations

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## Letters of Recommendation

Please enclose (or have sent to the State Board of Education) two letters of recommendation. One of the letters must come from your employer (if applicable); the other should come from someone (not related to you) who knows you well and is able to comment on your qualifications to be a Commissioner.

If you are employed by a local educational agency, the employer letter must come from the agency's chief administrative officer (typically the superintendent or a designee) and must (1) recognize the additional workload you would experience if appointed, and (2) acknowledge that the state will not provide reimbursement for the cost of any substitute personnel that may be needed either because of an interview (to which you may have been invited in connection with the selection process) or, if appointed, because of your service on the advisory body.

**All required application materials, including letters of recommendation, must be received by 5:00 p.m. on Friday, February 3, 2023, or they may not be considered.**

## References

Please list the names of three persons who may be contacted in regard to your work and/or other experience in relation to the appointment you seek. Individuals who have written letters of recommendation may be listed as references.

Name	Position or Title	Address	Telephone Number

## Time Commitment

Would you be able to contribute the time to consistently prepare in advance for and attend the ACSE meetings? You may view the scheduled future meetings on the State Board of Education website, located at: <http://www.cde.ca.gov/sp/se/as/acseclndr.asp>

Yes       No

## Conflict of Interest

Please review the State Board of Education's Conflict of Interest Code which is codified in the *California Code of Regulations (CCR)*, Title 5, Section 18600. Members of advisory bodies identified in this code are subject to its provisions and are required to annually file a Statement of Economic Interest Form 700. A copy of the SBE's Conflict of Interest Code can be found on the SBE Website at <https://www.cde.ca.gov/be/cc/ab/sbeconflictinterest.asp>

Do you understand that you will be subject to the State Board of Education's Conflict of Interest Code?

Yes       No

**Reasonable Accommodation for Any Individual with a Disability. Pursuant to the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act of 1990*, any individual with a disability who requires reasonable accommodation to attend or participate in a meeting or function of the California State Board of Education, may request assistance by contacting the State Board Office at the address below or by calling 916-319-0827 or by sending a fax at 916-319-0175.**

## Optional Information

The following information is optional but would be appreciated (*Government Code* Sections 11140-11141). Use the categories below to choose the one with which you most closely identify.

Please identify your gender:

Please state your ethnicity:

## Applicant Signature

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Submission Instructions

Please submit a completed application via email to: [sbe@sbe.ca.gov](mailto:sbe@sbe.ca.gov) by **5:00 p.m. on Friday, February 3, 2023**. A single PDF of the application that includes a resume and two letters of recommendation is preferred.

For questions, use the following contact information:

**Laila Fahimuddin, Policy Director**

State Board of Education  
1430 N Street, Room 5111  
Sacramento, CA, 95814  
[lfahimuddin@sbe.ca.gov](mailto:lfahimuddin@sbe.ca.gov)