

State Education Advisory Committee (SEAC)  
Membership Application

Thank you for your interest in SEAC membership. Please complete the following application and forward to: Dr. Anthony Walker, Director of Special Education, Montgomery County Public Schools, 750 Imperial Avenue, Christiansburg, VA 24073.

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Are you a (check all that apply)

\_\_\_\_ Parent      \_\_\_\_ Guardian      \_\_\_\_ Person with a disability      \_\_\_\_ Teacher

\_\_\_\_ Representative of a community agency (please specify) \_\_\_\_\_

\_\_\_\_ Representative of a community business or association (please specify) \_\_\_\_\_

\_\_\_\_ Other (please specify) \_\_\_\_\_

If you are a parent or family member, what is your child's:

Age: \_\_\_\_ School: \_\_\_\_\_ Disability: \_\_\_\_\_

What do you hope to accomplish from your participation on the SEAC?

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What unique experiences, perspectives, talents, or skills could you bring to the SEAC?

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If invited to serve on the SEAC, what do you see as needs in special education? (List system-wide issues rather than personal issues.)

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How did you hear about the Montgomery County Special Education Advisory Committee?

☐ SEAC Member    ☐ Brochure    ☐ Teacher    ☐ Parent Resource Center  
☐ Other (please specify) \_\_\_\_\_

After receipt of your application, you will receive a follow-up from the Special Education office.