



FAYETTE COUNTY PUBLIC SCHOOLS

## **SPECIAL EDUCATION ADVISORY COUNCIL**

**MISSION:** The mission of the Special Education Advisory Council is to inform, advise, and provide feedback and input to the Fayette County Public Schools Special Education Department on special education issues.

### **ELIGIBILITY:**

- The Special Education Advisory Council shall consist of 12 to 15 members representing the different eligibility categories.
- Parent membership—minimum of six parents who children receive special education services in FCPS.
- Staff membership—one to three representatives from a variety of school levels
- Remaining seats—will be open to community/agency representatives; including private service providers, higher education, community advocates, adults with disabilities, employees of FCPS and high school students.

### **SELECTIONS:**

- A nominating committee will be elected by the council to review applications.

### **RESPONSIBILITIES:**

- Knowing and adhering to the mission, purpose, and goals of Special Education Advisory Council.
- Attending all Council meetings, both regular and special, including ad-hoc committees.
- Encouraging and requesting opinions from constituents and share that information with the Council.
- Supporting, promoting, and communicating Council decisions.

**Regular Council meetings will be held on the second Thursday of each month.**

**For any assistance regarding this application, please contact the Parent Resource Center at 381-4229.**



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**SPECIAL EDUCATION ADVISORY COUNCIL APPLICATION**  
**DEADLINE: SEPTEMBER 30<sup>TH</sup>**

Please print or type the following information and submit to  
FCPS Director of Special Education, 701 E. Main Street, Lexington, KY 40502

NAME: \_\_\_\_\_  
Last First

ADDRESS: \_\_\_\_\_  
Street Zip

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Please check one of the following:

\_\_\_ PARENT \_\_\_ STAFF \_\_\_ AGENCY \_\_\_ OTHER: \_\_\_\_\_

In effort to respectfully balance the Council, what disabilities would you be representing?

\_\_\_\_\_

TERM DESIRED \_\_\_ ONE YEAR \_\_\_ TWO YEAR \_\_\_ THREE YEAR

**SECTION I (PARENTS and STAFF ONLY)**

SCHOOL NAME \_\_\_\_\_

GRADE LEVEL: \_\_\_ Preschool \_\_\_ Elementary \_\_\_ Middle \_\_\_ High School

**SECTION II (AGENCIES/OTHER)**

EMPLOYED BY: \_\_\_\_\_

EMPLOYER'S ADDRESS : \_\_\_\_\_

\_\_\_\_\_

WORK PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

PRESENT POSITION: \_\_\_\_\_



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**REASON FOR PARTICIPATION:**

Why would you want to be on the Special Education Advisory Council and how would you benefit this committee? Attached an additional sheet if needed.

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**AREAS OF CONCERN:**

In your opinion, what are three pressing “areas of concern” facing the special education population in Fayette County Public Schools and what would be your recommendation/solutions? Attach an additional sheet if needed.

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Please list any relevant experiences that may enhance your placement on the Council. (e.g. other board or council terms, volunteer work, expertise). Attach an additional sheet if needed.

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**SIGNATURE** \_\_\_\_\_