**Interest for Membership**

**Oregon Department of Education**

**Office of Enhancing Student Opportunities State Advisory Council for Special Education (SACSE)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: Click or tap here to enter text. | Preferred Name: Click or tap here to enter text. | | | |
| Home Address: Click or tap here to enter text. | City: Click or tap here to enter text. | Country: Click or tap here to enter text. | Zip: Click or tap here to enter text. | County: Click or tap here to enter text. |
| Work Organization: Click or tap here to enter text. | Title: Click or tap here to enter text. | | | |
| Work Address: Click or tap here to enter text. | City: Click or tap here to enter text. | Country: Click or tap here to enter text. | Zip: Click or tap here to enter text. | County: Click or tap here to enter text. |
| Phone (Home): Click or tap here to enter text. | Phone (Work): Click or tap here to enter text. | | | |
| Phone (Cell): Click or tap here to enter text. | Fax (Work): Click or tap here to enter text. | | | |
| Email (Home): Click or tap here to enter text. | Email (Work): Click or tap here to enter text. | | | |

Please be aware that self-disclosure (or disclosure of a child’s status) is always voluntary. Please do not disclose information related to your or your child(ren)'s identity (e.g., disability status) if you are not comfortable doing so. Your decision to disclose/not disclose will not impact your participation in SACSE.

ODE Education Equity Stance

Education equity is the equitable implementation of policy, practices, procedures, and legislation that translates into resource allocation, education rigor, and opportunities for historically and currently marginalized youth, students, and families including civil rights protected classes. This means the restructuring and dismantling of systems and institutions that create the dichotomy of beneficiaries and the oppressed and marginalized.

**Please Check all that Apply**

| I am a **person with a disability**. Please specify your current or former special education eligibility (if applicable): Click or tap here to enter text. |
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| I am a **parent of a student with a disability** (up to age 26). Please specify the child’s current or former special education eligibility: Click or tap here to enter text. |
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| I am an education service provider. My job title is (please check all that apply):   |  |  | | --- | --- | | **Superintendent** | **Special education administrator** | | **Specialist** | **General education administrator** | | **Nonpublic school personnel** | **Special education teacher** | | **Principal** | **General education teacher** | | **College/University faculty**  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | |
| I am a representative of **a state or local agency or organization**. Specify: Click or tap here to enter text. |
| I represent **other interested groups** not listed on this application. Specify: Click or tap here to enter text. |

**Please describe your interest in or association with special education**.

Click or tap here to enter text.

**Please describe why you wish to be a member of this council.**

Click or tap here to enter text.

**Please describe your district region and background and how that informs your equity lens in regards to special education.**

Click or tap here to enter text.

**Do you belong to any organization(s) involved in some part of special education?**

**Yes No**

**Name and location of the organization**: Click or tap here to enter text.

**Describe your involvement with the organization(s).** Click or tap here to enter text.

**Would you be able to assist in communication to and from the organization(s) currently?**

**Yes No**

**Please provide two references that we may contact to verify the information you’ve provided.**

Professional Reference Name: Click or tap here to enter text. Organization: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

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Personal Reference Name: Click or tap here to enter text. Organization: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

I have read the information provided describing the requirements of a member of the council. I understand the requirements and will be able to carry out the responsibilities of a member of the group. I will make the Oregon Department of Education aware of any potential conflict of interest that may exist as a member of any council, committee, or work group of which I am a member. I also understand that my expression of interest must be considered by the Oregon Department of Education and no commitment or obligation is assumed by this expression of interest.

Signature of applicant: \_\_\_\_ \_\_ Date: Click or tap to enter a date.