



DR. JASON VANHEUKULEM

APPLICATION FOR SEAC MEMBERSHIP

Name: _____

Date of Application: _____

Home Phone: _____

E-mail: _____

Cell Phone: _____

Work Phone: _____

Are you a (check all that apply):

Parent

Person with a disability

Grandparent

Guardian

Foster parent of a child/youth 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?

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

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

How did you hear about the Winchester Public School's SEAC? (Please check one):

SEAC Member

Teacher

Brochure

Other: _____

Send completed application to:
Hayley Mullins
Director of Special Education & Related Services
Winchester Public Schools
12 N. Washington Street
Winchester, VA 22601
mullinsh@wps.k12.va.us