

South Dakota Advisory Panel for Children with Disabilities

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Occupation: _____

Place of
Employment: _____

Background Information

1. Have you ever served on an advisory panel for the State of South Dakota?

Yes

List: _____

No

2. Check all that apply (A term is three years):

I would like to be considered as a panelist for the upcoming term on the State Advisory Panel.

I would like to be considered as a panelist for future panels.

3. Using the codes below, record your primary area of expertise in the area of disabilities (If more than one, indicate **primary** with checkbox, and additional with OTHER):

- Parent of a child with a disability _____ (age of child)
- Individual with a disability
- Teacher
- Educator, post-secondary
- Transition Provider
- Board Member
- Administrator
- Advocate
- Representative of Private School
- Representative from the State juvenile and adult corrections agencies
- State Agency: _____
- Other: _____

4. Check the following that best describes you (*for national reporting purposes – optional*).

- Asian
 - Black/African American
 - Hispanic/Latino
 - American Indian/Alaskan Native
 - Native Hawaiian/Pacific Islander
 - White (not Hispanic)
 - Other:
-

5. Check the following that best describes the disability category you represent.

- Deaf-Blindness (500)
- Emotional Disturbance (505)
- Cognitive Disability (510)
- Hearing Loss (515)
- Specific Learning Disability (525)
- Multiple Disabilities (530)
- Orthopedic Impairment (535)
- Visual Impairments (540)
- Deafness (545)
- Speech/Language Impairment (550)
- Other Health Impaired (555)
- Autism Spectrum Disorder (560)

- Traumatic Brain Injury (565)
- Developmental Delay (570)

6. Why are you interested in serving on the panel?

7. Applicants with disabilities, please list any specific accommodations you will need to attend meetings.

8. If you know of other qualified individuals who would be interested in serving on this panel, we would be happy to send them an application form. Please provide contact information below.

References

Please list three references, with contact information.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Please return completed application to:

SD Department of Education, Special Education Programs
ATTN: Melissa Bothun
800 Governors Drive
Pierre, SD 57501
Melissa.Bothun@state.sd.us