Anchorage School District
Special Education Advisory Council Application (SEAC)

Name_____Date_____
Address_____
Email_____
Daytime Phone_____ Evening Phone_____

Parent/Guardian Member

Child's school_____ Age___ Grade___ Child's school_____ Age___ Grade___
Child's school_____ Age___ Grade___ Child's school_____ Age___ Grade___

School District Staff Member

School: _____Program Name: _____ Job Title: _____

Community Member

Organization/Agency: _____ Your Role:_____

Background and Qualifications

Why are you interested in serving on the SEAC?

1. What unique perspectives or skills can you contribute to the SEAC?

2. What system-wide special education concerns would you like to see the SEAC address?

3. Have you attended a SEAC meeting? ____Yes ____No
4. Are you able to commit to attending a meeting once a month during the school year (these may be on Zoom or in person)? ____Yes____No

If you were invited to submit an application, please indicate who referred you_____
If you have any questions about this application please email step@asdk12.org or call 742-3872.

Thank you for your application. Please return by email step@asdk12.org or mail to:

Anchorage School District
Step Center
5530 E. Northern Lights Blvd.
Anchorage, AK 99504