Butte County SELPA Community Advisory Committee
CAC Representative Application Form

[NOTE: This form should be completed by the individual interested in serving as an official representative for a district or charter school. It should be finalized by district or charter staff.]

Name: _____

Address: _____
Street City Zip Code

E-mail address: _____

Home Phone: _____ Other Phone: _____

Check One ☐ Student ☐ Parent ☐ Staff ☐ Community Member

Check One ☐ Special Education ☐ General Education ☐ Community Agency

Areas of Interest ☐ Learning Disability ☐ Physical Impairment ☐ Significant Disability
☐ Hearing or Vision Impairment ☐ Speech and Communication
☐ Other _____

Do you have a disability that requires any accommodations? ☐ Yes ☐ No

Civic activities or organizations you belong to, if any: _____

_____

What do you feel you can contribute to the CAC? _____

_____

How did you hear about the CAC? _____

_____

Have you attended any CAC business meetings? ☐ Yes ☐ No if yes when? _____

School district name: _____

Signature: _____ Date: _____

****** Send your completed form to your school district's Special Education Director. ******

District to complete the information below and submit to Butte County SELPA.

Approved by Special Education Director: _____ Date: _____
(Name & Title)

Date CAC Representative is/was approved by the LEA's Board of Education _____

Signature: _____ Date: _____

Please send completed form to SELPA: Butte County SELPA, 1870 Bird Street, Oroville, CA 95965. Or email it to selpasupport@bcoe.org. Questions please call SELPA at 530-532-5621.