



Colorado Special Education Advisory Committee

Application

Date: _____

Name: _____

Home Address: _____

City, State and Zip Code: _____

Phone #1: _____ Phone #2: _____

Email Address: _____

County: _____ Congressional District of Residence: _____

Vacant Position (i.e., Parent of a Child with a Disability, Special Education Director, etc. See Membership Information): _____

Ethnicity (optional): _____

Previous service on CSEAC? Yes No If yes, please list dates: _____

Have you ever been a party to or the subject of or otherwise involved in any legal proceeding that might adversely affect your qualifications to serve on this committee? Is there anything in your background that might be an embarrassment to the Colorado State Board of Education, the Colorado Department of Education or you if it were to become public? Yes No If yes, please explain: _____

Application Checklist

- Completed Application
- Current Resume or Curriculum Vitae
- Two or More Letters of Recommendation



Please provide a brief description of why you are interested in serving on the Colorado Special Education Advisory Committee. Type your response below.

Time Commitment

The term of appointment is two years. Members may be appointed for successive terms, not to exceed three terms. CSEAC meets officially five times per year including a two-day planning meeting. In addition, each member participates on at least one of four standing subcommittees. Attendance is expected at all meetings with a requirement of not missing more than two meetings.

Submission of Applications

Please mail application, resume and letters of recommendation to:

David Ramer
Colorado Department of Education/ESSU
1560 Broadway, Suite 1100
Denver, CO 80202
Phone: 303-866-6943 Fax: 303-866-3808

If you have questions regarding CSEAC membership, please contact ramer_d@cde.state.co.us.

[Click here for more information about CSEAC.](#)