

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:
	with a Disability, Special Education Director, etc. See Membership
Ethnicity (optional):	
Previous service on CSEAC?	Yes No If yes, please list dates:
affect your qualifications to serve on the embarrassment to the Colorado State	ubject of or otherwise involved in any legal proceeding that might adversely his committee? Is there anything in your background that might be an Board of Education, the Colorado Department of Education or you if it were to No If yes, please explain:
co	
Application Checklist	
Completed Application	
Current Resume or Curriculu	m Vitae
Two or More Letters of Reco	mmendation



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.

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