

# IUSD Special Education Community Advisory Committee

General Information		<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Mailing List Only
Name		E-Mail		
Street Address		Zip		
Primary Phone Number		Secondary Phone		

### Membership Information

The community advisory committee shall be composed of parents of individuals with exceptional needs enrolled in public or private schools, parents of other pupils enrolled in school, pupils and adults with disabilities, regular education teachers, special education teachers and other school personal, representatives of other public and private agencies, and persons concerned with the needs of individuals with exceptional needs. (Source: A Composite of Laws 28 Section 56192) A majority of such committee shall be composed of parents of pupils enrolled in schools participating in the local plan, and at least a majority of such parents shall be parents of individuals with exceptional needs. (Section 56193) Membership is for two years. After two years you will need to re-apply.

### General Committee Responsibilities (Source: A Composite of Laws 26 Section 56194)

- a) Advising the policy and administrative entity of the district and special education local plan area regarding the development, amendment, and review of the local plan. The entity shall review and consider comments from the community advisory committee.
- b) Recommend annual priorities to be addressed by the local plan.
- c) Assisting in parent education and in recruiting parents and other volunteers who may contribute to the implementation of the plan.
- d) Encouraging community involvement in the development and review of the local plan.
- e) Supporting activities on behalf of individuals with exceptional needs.
- f) Assisting in parent awareness of the importance of regular school attendance.

I agree to help fulfill the responsibilities outlined above as a member of the Irvine Unified School District Special Education Community Advisory Committee. (Sign only if applying for membership.)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please select all that apply:**

- Parent or legal guardian of a child with a disability enrolled in the IUSD
- Pupil or adult with disability (if pupil, indicate school of attendance)
- Community Agency Representative (specify public or private agency/organization)
- Individual concerned with the needs of individuals with exceptional needs in IUSD
- Special Education Teacher (specify school/position/program)
- Other school personnel (specify position/ program/job title/location)
- General Education Teacher (specify school/grade)

### Children Information (Public & Private Schools)

Child Name	Year Born	School	Diagnosis Code**

\*\*Federal Handicapping Condition (s) for children (as listed on front page of IEP, if applicable). This information is solely used for future planning to ensure applicable resources are presented to our membership. Learning Disabled (**LH/SLD**) Autistic (**Aut**) Emotional Disability (**ED**) Deaf / Blind (**DB**) Traumatic Brain Injury (**TBI**) Orthopedic Impaired (**OI or OH**) Deaf (**D**) Multiple Handicapped (**MH**) Hard of Hearing (**H/H**) Mentally Retarded (**MR**) Speech Impaired (**SI**) Vision Impaired (**VI**) Other Health Impaired (**OHI**)

### Privacy Statement

It is the policy of this organization not to share any membership information with outside organizations. All information will be used for communication purposes only and will be kept confidential. Name and school information may be presented to the Board of Education for approval into the committee.

**Thank you for completing this application form and for your interest Irvine's future. You will be contacted shortly about your membership application. Please fax completed form to 949.936.5259 or mail to**

**Special ED CAC c/o IUSD  
5050 Barranca Parkway  
Irvine, CA 92604**

**If you have questions about membership or this form, please call 949-936-5220 or visit [www.EmpoweringIrvine.org](http://www.EmpoweringIrvine.org)**

For Committee Use Only below this line: -----

**Received by** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Processed on** \_\_\_\_\_ **By** \_\_\_\_\_  
**Membership Term:** \_\_\_\_\_