

CAC Participation Application Form

This form is intended to identify parents and community members interested in participating in the Community Advisory Committee or serving as a voting member, officer, or committee member. By submitting this form your information will be used to keep you informed about CAC events/meetings and family resources.

The CAC is always accepting applications for committee members, voting members or officers of the CAC, and those will be reviewed (and solicited) as vacancies occur.

Email *

[REDACTED]

Name *

Nicole Sparks

Street Address *

[REDACTED]

City *

Mission Viejo

ZIP Code *

92691

Telephone Number (Cell number preferred) *

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Participation Type (Please check all that apply): In accordance with Ed Code 56192 and 56193 *

- Parent or legal guardian of a student with special needs enrolled in Saddleback Valley Unified School District (SVUSD)
- Parent or legal guardian of a student with special needs enrolled in Laguna Beach Unified School District (LBUSD)
- Pupil or adult with a disability
- Special Education Teacher - SVUSD (please add job title in the "other" field below)
- Special Education Teacher - LBUSD (please add job title in the "other" field below)
- General Education Teacher - SVUSD (please add job title in the "other" field below)
- General Education Teacher - LBUSD (please add job title in the "other" field below)
- Affiliated with SVUSD or LBUSD (please explain how in the "other" field below)
- Community member: Affiliated with a public or private agency, or special needs service provider
- Person with a connection (other than a family member) with a student with special needs
- Other:

Why are you interested in being involved with the CAC? *

I am a general education teacher in SVUSD. I'm currently teaching Kindergarten. I'm interested in hearing more about how funding and legislation are being utilized to support all students.

Explain how your career or life experience can support the mission and vision of the CAC. *

In my career I work with a diverse group of students and I am interested in helping families advocate for their students so all students feel successful. My son has a 504 plan for Sensory Processing Disorder and I've learned a lot during the past 2 years as he's received OT from a local therapy center.

How would you like to be involved with the CAC (check all that apply)? *

- General membership in the Community Advisory Committee
- Voting Member
- Officer (Please state in "other" which position you are interested in: Chairperson; Vice Chairperson; Secretary or Communications Chair).
- Other committee member
- Public or Private Agency Community member
- Other:

If interested in being a Public or Private Agency member, please provide a Letter of Recommendation from the agency you have worked with.

Additional Comments

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This form was created inside of Saddleback Valley USD.

Google Forms