



Application window opens February 17, 2024 and closes March 31, 2024.

Los Angeles Unified School District
Office of Student, Family & Community Engagement
Division of Special Education

COMMUNITY ADVISORY COMMITTEE (CAC) Spring 2024 MEMBERSHIP APPLICATION

DIRECTIONS: Please complete each section of this application if you are interested in becoming a member of the Los Angeles Unified School District's (LAUSD) Community Advisory Committee (CAC). The CAC is a District-level committee comprised of individuals concerned with reviewing and advising on the programs and services for students receiving special education. All information listed here is confidential. All sections of the CAC application must be completed before submission. CAC members must live, work, or attend a school, or be the parent/guardian of a student attending a school, within the LAUSD Special Education Local Plan Area (SELPA). One is considered working within the SELPA if the member is employed by an entity operating with a physical address that is within the boundaries of Los Angeles Unified.

SECTION 1:

I am a: ☐ New applicant ☐ Returning applicant (indicate year(s) of service) ____

First and Last Name: _____

Address: _____ City: _____ Zip: _____

Telephone: (home) _____ (cell) _____ (work) _____

Email address: _____

Are you an employee of LAUSD? ☐ Yes ☐ No

If yes, list your position title: _____



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Please mark one box of the following 8 boxes listed on pages 2 and 3. You may only apply for a single category.

- ☐ **Parent of a student with exceptional needs:** Parent/legal guardian of a child with exceptional needs with an IEP or 504 Plan enrolled in LAUSD's SELPA. If you are applying under this category, please provide the following information:

Name of Student's School:		Check if your student has a 504 Plan <input type="checkbox"/>
Student's Name:		
Student's Birthdate:	Student's Identification Number: (Access Parent Portal, contact school or see report card for this number.)	

- ☐ **Parent of a student who is not receiving Special Education services:** Parent/legal guardian of a student enrolled in public or private schools, including non-public schools, and charter schools participating in LAUSD's SELPA. If you are applying under this category, please provide the following information:

Name of Student's School:	
Student's Name:	
Student's Birthdate:	Student's Identification Number: (Access Parent Portal, contact school or see report card.)

- ☐ **Adult with a Disability:** A person over the age of 18 who resides in the LAUSD SELPA boundaries and is not enrolled in high school. Please email families@lausd.net for more information regarding this category.

Note: Please submit verification of the disability with your application.



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- ☐ **Community Agency Representative:** CAC applicants must live or work within the LAUSD SELPA boundaries. If working, the person must be employed by an entity operating with a physical address that is within the boundaries of Los Angeles Unified.

Note: Please submit verification of your association with the organization with your application to Lisa Porter at lisa.porter@lausd.net.

Name of agency/organization: _____

☐ Public agency or ☐ Private agency

- ☐ **Community Member:** Person who is concerned with the needs of individuals with exceptional needs who resides within the boundaries of the LAUSD SELPA.

Note: Please submit verification of residence (e.g., utility payment or rent receipt, CA Driver's License) to Lisa Porter at lisa.porter@lausd.net. This verification will be kept confidential within the Office of Student, Family and Community Engagement records.

- ☐ **Special Education Teacher:** Selected by United Teachers of Los Angeles teachers' union. Please specify the school, position and program taught.

Name of School: _____ Position: _____ Program: _____

- ☐ **General Education Teacher:** Selected by United Teachers of Los Angeles. Please specify the school and grade level.

Name of School: _____ Grade Level: _____

- ☐ **Administrator:** Selected by Associated Administrators of Los Angeles administrators' union. Please specify the school.

Name of School: _____

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3. Please describe in detail the impact of your participation with any affiliations, councils and/or committees of which you are currently a member. (e.g., SSC, ELAC, school leadership or governance, PTA/PTO, faith-based organization, homeowner's association, etc.)

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SECTION 3:

Commitment Statement:

I commit to being an active participant on the CAC. In doing so, I will need to collaborate with other members of the CAC and staff from the Division of Special Education and the Office of Student, Family and Community Engagement to provide input to LAUSD on the SELPA Local Plan. I will follow all state and federal laws, LAUSD policies and procedures, the CAC Operating Norms and Code of Conduct, and the CAC bylaws.

Generally, the CAC meets monthly on the third Wednesday from August through June for approximately three hours. Members are also encouraged to join a subcommittee and attend additional training and meetings as needed.

I understand the basic responsibilities of a committee member and hereby submit my application for membership to the CAC. I verify that the information provided above is true and correct.

SIGNATURE: _____ **DATE:** _____

Informational Webinar

To learn more about the CAC, including how to apply for membership, join an informational webinar on **Tuesday, March 12, 2024**, from 5:00 p.m. – 6:30 p.m.

Zoom link: <https://lausd.zoom.us/j/85339765384?pwd=SEtVS1ZWbFYvcUo2TytzNzk1Njlzdz09>

Webinar ID: 853 3976 5384

Passcode: 2024

Telephone Number: 1 213 338 8477

Applications must be submitted by Sunday, March 31, 2024.

Please return completed application to the **Office of Student, Family and Community Engagement** via email at families@lausd.net. You will receive a confirmation email within 3 business days, not including weekends and holidays. If you do not receive an email confirming receipt of your application, please contact Diane Panossian at dpanossi@lausd.net.

If you need assistance to complete this application, email families@lausd.net by Friday, March 22, 2024.

Student, Family and Community Engagement Office Staff Only

Date completed application was received: _____

SFACE staff member initials: _____