



Application window opens February 16, 2023 and closes March 31, 2023

Los Angeles Unified School District
Office of Parent and Community Services
Division of Special Education

COMMUNITY ADVISORY COMMITTEE (CAC)
Spring 2023 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). All information listed here is confidential. All sections of the CAC application must be completed before submission. CAC members must live, work, or attend or be the parent/guardian of a student attending a school within the LAUSD SELPA. Work means the member is employed by an entity operating with a physical address that is within the boundaries of Los Angeles Unified.

SECTION I:

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 nine 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 enrolled in LAUSD’s Special Education Local Plan Area. If you are applying under this category, please provide the following information:

<i>Name of Student’s School:</i>	
<i>Student’s Name:</i>	
<i>Student’s Birthdate:</i>	<i>Student’s Identification Number</i> <i>(Contact school or see report card for this number)</i>

Parent of a student who is not receiving Special Education Services, including those with a 504 plan: Parent/legal guardian of a student enrolled in public or private schools, including non-public schools, and charter schools participating in LAUSD’s Special Education Local Plan Area. If you are applying under this category, please provide the following information:

<i>Name of Student’s School:</i>	Check here if your student has a 504 <input type="checkbox"/>
<i>Student’s Name:</i>	
<i>Student’s Birthdate:</i>	<i>Student’s Identification Number</i> <i>(Contact school or see report card for this number)</i>



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Adult with a Disability: A person over the age of 18 who resides in the LAUSD Special Education Local Plan Area boundaries and is not enrolled in high school. Please contact Lisa Porter, Facilitator, at lisa.porter@lausd.net for more information regarding this category.

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

Community Agency Representative:

Name of agency/organization: Public agency or Private agency

Note: Please submit verification of your association with the organization with your application. CAC members must live, work, or attend or be the parent/guardian of a student attending a school within the LAUSD SELPA. Work means the member is employed by an entity operating with a physical address that is within the boundaries of Los Angeles Unified.

Individual/Community Member: Person who is concerned with the needs of individuals with exceptional needs who resides within the boundaries of the LAUSD Special Education Local Plan Area.

Note: Please submit verification of residence, (e.g., utility payment or rent receipt, CA Driver's License).

Special Education Teacher: Selected by United Teachers of Los Angeles. 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. Specify the position, location, department, and school, as applicable.

Position: Location: Department:



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SECTION 2:

Please answer the following questions to the best of your ability.

1. Briefly describe your knowledge about Special Education programs and services. Please identify specific programs and/or services that you have had experience with.

2. What impact would you like to have on the CAC? Please include your personal purpose and vision.

3. Please list 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 Office of Parent and Community Services to provide input to LAUSD on the Special Education Local Plan Area. I will follow all state and federal laws, LAUSD policies and procedures, the CAC Operating Norms and Code of Conduct, and the CAC bylaws.

The CAC meets monthly on the third Wednesday from July 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: _____

Parent information required for student applicants.
Parent signature: _____ Email: _____
Telephone: _____

Informational Webinar

To learn more about the CAC including how to apply for membership, join an informational webinar on Saturday, March 11, 2023, from 10:00 a.m. – 11:30 a.m.

Zoom link: https://lausd.zoom.us/j/86337100384?pwd=YlhjRUNkaDB0MEZSbjJNcTVxM04vUT09

Webinar ID: 863 3710 0384 Passcode: 015039 Telephone Number: 1 213 338 8477

Applications must be submitted by Friday, March 31, 2023.

Please return completed application to:

Lisa Porter via email to lisa.porter@lausd.net

Mailed applications must be post marked by March 31, 2023.

Office of Parent and Community Services

1360 W. Temple Street Los Angeles, CA 90026

If you need assistance to complete this application, email families@lausd.net or call 213-481-3350 and leave a voice message.

PCS (Parent and Community Services) Office Staff Only

Date completed application was received: _____ PCS staff member initials: _____

Date of BOE Approval: _____ Previous 2-year term: _____

Completion of this application does not ensure membership. Membership is contingent upon verification of eligibility pursuant to CA ED Code Section 56191 and 56192. Applications are reviewed by the Office of Parent and Community Services, and membership is pending Board of Education approval and appointment.