The Iowa Department of Education’s Bureau of Children, Family and Community Services is seeking new members for the Iowa Special Education Advisory Panel (SEAP) who are willing to serve a three-year term. Members of SEAP represent public and private sectors that by virtue of their position, interest, or training can contribute information in regard to the education of students with disabilities. Fifty-one percent of the members must be parents of a child with a disability (ages birth through 26) or individuals with disabilities.

The Iowa Special Education Advisory Panel (SEAP) advises and assists the Iowa Department of Education with the provision of free and appropriate public education for individuals with disabilities. It exists by authority of the Individuals with Disabilities Education Act (IDEA2004) to provide guidance on special education programs and services.

The Individuals with Disabilities Education Act 2004 requires the following categories of representation on state advisory panels:

1. parents of children with disabilities (ages birth through 26)
2. individuals with disabilities
3. teachers (general and special education)
4. representatives of institutions of higher education that prepare special education and related services personnel
5. State and local education officials, including officials who carry out activities under subtitle B of title VII of the McKinney-Vento Homeless Assistance Act (42 U.S. C. 11431 et seq.)
6. administrators of programs for children with disabilities
7. representatives of other State agencies involved in the financing or delivery of related services to children with disabilities
8. representatives of private school and public charter schools
9. not less than 1 representative of a vocational, community, or business organization concerned with the provision of transition services to children with disabilities
10. representative from the State child welfare agency responsible for foster care
11. representatives from the State juvenile and adult corrections agencies

Other members may include:
- Teacher – special or general education
- Parent of a child in general education
- Parent advocacy groups
- Professional education organizations
- Dept of Public health
• Dept of Vocational Rehabilitation
• Board of Regents
• AEA administrator
• Urban Education network representative

The SEAP currently meets as a group approximately six times a year in the Des Moines area. Lodging, mileage and child-care are reimbursed. Additional committee work time may be necessary. The membership appointment will commence July 1 of the first year and end June 30 of the third year. Each new member must attend a September orientation prior to becoming an actual member.

Prospective members should consider their ability to fulfill the time commitment necessary to attend all meetings. Failure to attend two Panel meetings in a year shall result in a contact and review by the state educational agency for possible recommendation for termination.

If you have further questions please contact:

<table>
<thead>
<tr>
<th>Ellen McGinnis-Smith, SEAP facilitator</th>
<th>Mary Bartlow, secretary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Department of Education</td>
<td>Iowa Department of Education</td>
</tr>
<tr>
<td>Grimes State Office Building</td>
<td>Grimes State Office Building</td>
</tr>
<tr>
<td>Des Moines, IA 50319</td>
<td>Des Moines, IA 50319</td>
</tr>
<tr>
<td>515-725-2220</td>
<td>515-281-5614</td>
</tr>
<tr>
<td>email: <a href="mailto:Ellen.McGinnis-Smith@iowa.gov">Ellen.McGinnis-Smith@iowa.gov</a></td>
<td>email: <a href="mailto:Mary.Bartlow@iowa.gov">Mary.Bartlow@iowa.gov</a></td>
</tr>
</tbody>
</table>
Iowa Special Education Advisory Panel
Membership Application
2013-2014

Name:_________________________________________ Date: ___________________

Address________________________________________

City/State/Zip:________________________________________

Phone home: ___________________  work/cell ___________________ 

Email address: _______________________________________

The best time to contact me is: _________________________

Ethnicity/Race ____________________________

Gender : M / F

Check or highlight the category(s) of required membership for which you qualify:

☐ parent of children with disabilities (ages birth through 26)
☐ individual with disabilities
☐ teacher (general or special education – please indicate which)
☐ representative of institution of higher education that prepare special education and related services personnel
☐ state and local education official, including official who carry out activities under subtitle B of title VII of the McKinney-Vento Homeless Assistance Act (42 U.S. C. 11431 et seq.)
☐ administrator of programs for children with disabilities
☐ representative of other State agencies involved in the financing or delivery of related services to children with disabilities
☐ representative of private school and public charter schools
☐ representative of a vocational, community, or business organization concerned with the provision of transition services to children with disabilities
☐ representative from the State child welfare agency responsible for foster care
☐ representative from the State juvenile and adult corrections agencies
☐ Other: _______________________________________


Comment briefly on why you are interested in membership on the SEAP, and relate information regarding your position, training or experience that can contribute to the education of students with disabilities (may include separate attachment if easier).

________________________________________________________________________________

Signature

Date

Please indicate any reasonable accommodations necessary for your participation:
Please include the names of two personal references and their phone numbers:

<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Send application to:

**Ellen McGinnis-Smith, SEAP facilitator**  
Iowa Department of Education  
Grimes State Office Building  
Des Moines, IA  50319  
515-725-2220  
OR  
Ellen.McGinnis-Smith@iowa.gov