St. Landry Parish School Board

Application for Special Education Advisory Council Membership

1. Applicant's Name: _____

2. Applicant's Address: _____

3. Applicant's Phone Number: _____

4. Membership Category of Applicant (please check one):

_____ Parent or legal guardian of a student with an exceptionality, other than gifted and talented, who is enrolled in a St. Landry Parish School

School attended by child: _____

Grade level of child:

_____ Elementary (Pre-K – 5) _____ Middle School (6 – 8) _____ High School (9 – 12)

_____ Teacher employed by St. Landry Parish School Board

School: _____

Grade(s)/Subject(s) taught: _____

_____ Principal employed by St. Landry Parish School Board

School: _____

_____ Paraprofessional employed by St. Landry Parish School Board

School: _____

_____ Other special education stakeholder

_____ Self-advocate (adult with a disability)

_____ Self-advocate (student with a disability)

_____ Member of organization serving students with disabilities (e.g., non-profit, community group, LRS, post-secondary education program, employer of students with disabilities) Name of organization: _____

_____ Student Leader

Name of organization: _____

Position of leadership: _____

5. The ***St. Landry Parish Special Education Advisory Council*** will meet at least three times during the school year. Will you be able to attend these meetings?

_____ Yes _____ No

6. Please answer the following questions (attach additional sheets as needed):

A. Why are you interested in membership on the Special Education Advisory Panel? What do you think best qualifies you for this position?

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B. What do you hope to accomplish from your participation on the council?

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C. What is your vision for students with disabilities in St. Landry Parish?

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D. How do you think special education in St. Landry Parish can improve? What are some issues or topics you think the council should discuss?

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E. Please list all organizations, agencies, advisory boards, councils, or commissions you are affiliated with that serve students or individuals with disabilities or their families.

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F. List any additional information you would like the membership committee to consider:

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Please submit this completed application to St. Landry Parish School Board P.O. Box 310 Opelousas, LA 70570 by **Tuesday, September 8, 2026**, Attn: Milton Batiste III Superintendent, St. Landry Parish School System. Upon making the appointment, Superintendent Batiste or Designee will notify the council member by Monday, September 14, 2026.

Thank you for your interest in improving Special Education in St. Landry Parish Schools!