

**Leon County Schools**  
**Exceptional Student Education District Advisory Council (ESE DAC)**  
**Membership Input Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you a...? (check all that apply)

Parent  Person with a disability  Grandparent

Guardian  Foster parent of a child/youth with a disability

Teacher

Representative of a community agency (Please specify) \_\_\_\_\_

Representative of a business or association in the community (Please specify) \_\_\_\_\_

School Board Appointee. School Board Member: \_\_\_\_\_

Other (Please specify) \_\_\_\_\_

If you are a parent or family member, please provide the following information about your child:

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Disability (Optional): \_\_\_\_\_

If you are applying for membership as a student with a disability, please provide the following information:

Grade: \_\_\_\_\_ School: \_\_\_\_\_

What do you hope to accomplish from your participation on the ESE DAC?

\_\_\_\_\_  
\_\_\_\_\_

What unique experiences, perspectives, talents or skills could you bring to the ESE DAC?

\_\_\_\_\_  
\_\_\_\_\_

If invited to serve on the ESE DAC, what do you see as needs in special education?

(List system-wide issues rather than personal issues.)

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the ESE DAC? (Please check one)

ESE DAC Member

Brochure

Teacher

Parent Resource Center

Other: \_\_\_\_\_

Send completed application to:

ESE DAC Membership Chair, Denise Williams, [esedacmembership@gmail.com](mailto:esedacmembership@gmail.com)

Or Aimee Kowalczyk, ESE Parent Liaison, [kowalczyka@leonschools.net](mailto:kowalczyka@leonschools.net)