



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



## COMMUNITY ADVISORY COMMITTEE 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.

### 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: \_\_\_\_\_

Please mark one box of the following nine listed on pages 1 and 2. You may apply for a single category only.

- ☐ **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:

Name of Student's School:	
Student's Name:	
Student's Birthdate:	Student Identification Number (Contact school or see report card for this number)

- ☐ **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 following information:

Name of Student's School:	
Student's Name:	
Student's Birthdate:	Student Identification Number (contact school or see report card for this number)



Application window opens February 21, 2022 and closes April 1, 2022

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☐ **Pupil with a disability:** *High School student enrolled in public or private schools, including non-public schools, and charter schools participating in LAUSD's Special Education Local Plan Area.*  
**Note:** *Guardian approval required.*

☐ **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, listed below for more information regarding this category.*  
**Note:** *You will need to provide verification of disability.*

☐ **Community agency representative:**  
Name of agency/organization: \_\_\_\_\_ ☐ Public agency or ☐ Private agency  
**Note:** *You will need to provide verification of your association with the organization.*

☐ **Individual/Community member:** *Person who is concerned with needs of individuals with exceptional needs who resides within the boundaries of the LAUSD Special Education Local Plan Area.*  
**Note:** *You will need to provide verification of residence.*

☐ **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: \_\_\_\_\_

☐ **School Administrator** *Selected by Associated Administrators of Los Angeles. Specify the position, location, and department, 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.

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

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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 be an active participant on the CAC. In doing so, I will need to collaborate with other members of the CAC and the Office of Parent and Community Services' staff to provide input to LAUSD on the Special Education Local Plan Area's 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.

The CAC meets monthly on the third Wednesday from July through June for approximately 3 hours.

Members are asked to join a sub-committee and attend additional trainings and meetings as needed.

Join an informational webinar on Saturday, March 12, 2022 from 10:00 a.m. – 11:30 a.m. to learn more about the CAC and how to apply

**Webinar link:** <https://lausd.zoom.us/j/83602969208?pwd=RmFZN0NwUzlnNDk1OVh1MXRnQnBHQT09>

**Webinar ID:** 836 0296 9208      **Passcode:** 2022      **Telephone Number:** 1 213 338 8477

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

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

❖ **Parent information required for student applicants**

**Parent signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Applications must be submitted by Friday April 1, 2022.**

Please return completed application to:

Lisa Porter via email to [lisa.porter@lausd.net](mailto:lisa.porter@lausd.net)  
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](mailto:families@lausd.net) or call 213-481-3350 and leave a voice message.

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**PCS 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.