

Attention

This is a form-fill document used for completing and submitting the SAPEC application. It is intended to be used with Adobe Acrobat Reader. To download the free software, go to: <https://get.adobe.com/reader/>

You may choose one of the (4) options below:

OPTION (1)

- Save file to your computer
- Open file in Adobe Acrobat Reader
- Type your information on the form
- Save the document
- Attach the file to an email and send to Ludia.Dorelien2@education.ohio.gov

OPTION (2)

- Save the file to your computer
- Open file in Adobe Acrobat Reader
- Type your information on the form
- Save the document
- Submit by clicking on the “Submit Form” button located on the upper right window of Adobe Acrobat Reader. Adobe will use your default email program to send your application to ODE.

OPTION (3)

- Use the form fill option to complete the application
- Save a copy for your records
- Print a hard copy and mail to: Ludia Dorelien
25 South Front Street,
Mail Stop 409, Columbus, Ohio 43215

OPTION (4)

- Print application
- Use a blue or black pen to fill out the application
- Make a copy of the application for your records

Mail the original copy to: Ludia Dorelien
25 South Front Street,
Mail Stop 409,
Columbus, Ohio 43215

The State Advisory Panel for Exceptional Children (SAPEC)

A guide for prospective applicants

***** (Note: Application materials due on or before October 31, 2017) *****

The State Advisory Panel for Exceptional Children (SAPEC) is currently seeking applicants for membership terms beginning July 1, 2018. The SAPEC's purpose is to provide a broad base of input to the Ohio Department of Education's (ODE) Office for Exceptional Children (OEC) and the State Superintendent of Public Instruction regarding policies, practices and issues related to the education of children and youth with disabilities who are between the ages of birth through twenty-one years of age.

The functions of SAPEC are as follows:

- Advise the State Educational Agency (SEA) of unmet needs within the State in the education of children with disabilities;
- Comment publicly on any rules or regulations proposed by the State regarding the education of children with disabilities;
- Advise the SEA in developing evaluations and reporting on data to the Secretary (as provided for under Section 618 of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA));
- Advise the SEA in developing corrective action plans to address findings identified in Federal monitoring reports under Part B of IDEA;
- Advise the SEA in developing and implementing policies relating to the coordination of services for children with disabilities;
- Advise on the education of students with disabilities incarcerated in the Department of Youth Services and students with disabilities convicted as adults and incarcerated in adult prisons (Department of Rehabilitation and Corrections);
- Provide input into Ohio's State Performance Plan; and
- Encourage policies to assist in closing the achievement gap for students with disabilities.

Please read the following qualifications for membership on the Panel. If you are interested in seeking membership on SAPEC, **please complete the application, with references, and submit no later than October 31, 2017.** The membership committee will review applications and present recommendations to all SAPEC members for final recommendation to the State Superintendent of Public Instruction.

QUALIFICATIONS:

Applicants must be a resident of Ohio, at least 18 years of age, and meet criteria in at least one of the following categories:

- parents or legal guardians of children/persons with disabilities (ages birth through 26);
- individuals with disabilities;
- teachers;
- representatives of institutions of higher education that prepare special education and related services personnel;
- state and local education officials, including officials who carry out activities under subtitle B of title VII of the McKinney-Vento Homeless Assistance Act;
- administrators of programs for children with disabilities;
- representatives of other state agencies involved in the financing or delivery of related services to children with disabilities;
- representatives of private schools 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;
- representatives from the state juvenile and adult corrections agencies.

There are a limited number of open positions for the term beginning in 2018-2019. Preference will be given to applicants who meet SAPEC's needs with respect to geographic, ethnic, cultural, and disability diversity.

APPOINTMENT:

SAPEC members will be appointed by the State Superintendent of Public Instruction to serve a three-year term beginning July 1, 2018. Applicants recommended for appointment by SAPEC will be presented to the State Superintendent of Public Instruction for approval.

TRAVEL REQUIREMENTS:

SAPEC meetings are held in the Columbus area up to five (5) times per year. The applicant should plan for release time from job responsibilities for one day for each meeting. SAPEC members serve without compensation; however, travel and subsistence expenses are reimbursed at state rates.

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MEMBERSHIP RESPONSIBILITIES:

Applicants must commit to all scheduled meetings for the entire day. The meetings take place in various locations in Columbus, Ohio. SAPEC members may also serve on any of SAPEC's ad hoc committees necessitating additional meeting time.

**Note to recipient:
Please distribute these
materials to anyone who
may be interested.**

APPLICATION PROCESS:

Applicants for appointment to SAPEC must complete and return the following to OEC on or before **October 31, 2017**:

1. Application for State Superintendent's Appointment to the State Advisory Panel for Exceptional Children (Attached);
2. Two references (name, address and phone number); and
3. A personal written statement, which provides the following:
 - a. A brief description of how you meet the qualifications listed above;
 - b. A brief summary of your experience and/or expertise related to the education of children with disabilities; and
 - c. A brief narrative of why you would like to serve as a member of SAPEC. Upon submission of a membership application, the applicant should expect the following: as
1. A letter from OEC will be sent to the applicant acknowledging the receipt of his or her application;
2. A member of SAPEC's Membership Committee may contact you by phone for a brief interview to discuss your application;
3. SAPEC's Membership Committee will review all information submitted by the applicant;

4. Applicants who best meet the membership requirements of SAPEC and meet SAPEC's needs with respect to geographic, ethnic, cultural, and disability diversity will be recommended to the full SAPEC panel for panel approval.
5. Applicants approved by the full SAPEC panel will be submitted to the State Superintendent of Public Instruction for appointment;
6. Appointed applicants will be notified in writing of such appointment by June of each year with the applicant's term beginning on July 1 of the appointing year;
7. Newly appointed applicants shall be required to attend an orientation session, which shall take place in September of the appointing year.

Please mail a signed application and all application materials to:

Ludia Dorelien
SAPEC Membership Committee
Ohio Department of Education
Office for Exceptional Children
25 South Front Street, Mail Stop 409
Columbus, Ohio 43215-4104

If you have questions concerning SAPEC or need assistance with the application process, please contact:

Sandy Kaufman at (877) 644-6338 or
sandy.kaufman@education.ohio.gov

All application materials are due on or before October 31, 2017. Any application materials post-marked after that date will not be considered.

We are committed to a policy of equal opportunity for membership to SAPEC. No differentiation will be made based on race, color, religion, sex, age, sexual orientation, national origin, veteran status, or the presence of a disability.

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Date:		
First Name:	Middle Name:	Last Name:
Home Address:		
City:	County:	State: Zip Code:
Home Email Address:	Home Telephone	
Employer:	Position/Title	
Work Address:		
City:	State:	Zip:
Work Email Address:	Work Telephone	
Where do you want correspondence?	Home <input type="checkbox"/> Work <input type="checkbox"/>	
School district of residence:		
School district providing services for your child:		
If employed, have you discussed the time commitment with your employer? (SAPEC requires its members to attend full-day meetings at least five times per year) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you applied before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?		
<input type="checkbox"/> Parent or legal guardian of a child/person with a disability (ages birth through 26). Child's age: ____	<input type="checkbox"/> Representative of other state agencies involved in the financing or delivery of related services to children with disabilities	
<input type="checkbox"/> Person with a disability (18+ years of age)	<input type="checkbox"/> Representative of private schools and public charter schools	
<input type="checkbox"/> Teacher	<input type="checkbox"/> Representative of a vocational, community or business organization concerned with the provision of transition services to children with disabilities	
<input type="checkbox"/> Representative of institutions of higher education that prepare special education and related services personnel	<input type="checkbox"/> Representative from the state child welfare agency responsible for foster care	
<input type="checkbox"/> State or local education official, 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.)	<input type="checkbox"/> Representative from the state juvenile and adult corrections agencies	
<input type="checkbox"/> Administrator of programs for children with disabilities		
Based upon your personal and/or professional experience, indicate the category/ies of disability where you believe you can effectively represent children/students with disabilities:		
<input type="checkbox"/> Multiple Disabilities (other than Deaf-Blind)	<input type="checkbox"/> Cognitive Disabilities	
<input type="checkbox"/> Deaf-Blindness	<input type="checkbox"/> Specific Learning Disabilities	
<input type="checkbox"/> Deafness (Hearing Impairment)	<input type="checkbox"/> Autism	
<input type="checkbox"/> Visual Impairments	<input type="checkbox"/> Traumatic Brain Injury (TBI)	
<input type="checkbox"/> Speech and Language Impairments	<input type="checkbox"/> Other Health Impaired (Major)	
<input type="checkbox"/> Orthopedic Impairments	<input type="checkbox"/> Other Health Impaired (Minor)	
<input type="checkbox"/> Emotional Disturbance (ED)	<input type="checkbox"/> Developmental Delay (children ages 3 through 5 only)	

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I submit this application with the understanding that a SAPEC membership term is three years, and if I am selected for membership I will be expected to fulfill the following responsibilities during my term:

1. Attend all one (1) day meetings scheduled, but not less than (4) meetings per year. The meetings are in Columbus, Ohio;
2. Prepare for SAPEC meetings by reading information received by emailed prior to the meeting dates;
3. Advise the Ohio Department of Education's (ODE's) Office for Exceptional Children of unmet needs within the state in the education of children with disabilities;
4. Comment publicly on any rules or regulations proposed by the State regarding the education of children with disabilities;
5. Advise ODE in developing evaluations and reporting on data to the Secretary under section 618 of IDEA;
6. Advise ODE in developing corrective action plans to address findings identified in Federal monitoring reports under Part B of IDEA;
7. Advise ODE in developing and implementing policies relating to the coordination of services for children with disabilities;
8. Advise on the education of students with disabilities incarcerated in the Department of Youth Services and students with disabilities convicted as adults and incarcerated in adult prisons (Department of Rehabilitation and Corrections);
9. Provide input into Ohio's Annual Performance Report (APR); and
10. Encourage policies to assist in closing the achievement gap for individuals with disabilities.

Applicant's Signature

Please submit the following with your signed application:

Two references (name, address and phone number)

Reference 1: _____

Reference 2: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

• A personal written statement which provides the following (use the following page or attach your own):

- a brief description of how you meet the qualifications listed above;
- a brief summary of your experience and/or expertise related to the education of children with disabilities; and
- a brief narrative of why you would like to serve as a member of SAPEC.

Please mail a signed copy of your application and all application materials to:

Ludia Dorelien
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Ohio Department of Education
Office for Exceptional Children
25 South Front Street, Mail Stop 409
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Write a personal written statement which provides the following:

- a brief description of how you meet the qualifications listed above;
- a brief summary of your experience and/or expertise related to the education of children with disabilities; and
- a brief narrative of why you would like to serve as a member of SAPEC.

Name: _____ Date: _____