**NOMINATION TO SERVE ON THE YOUTH ADVISORY PANEL**

Please use this form to nominate a student with a disability to the New York State Education Department’s Youth Advisory Panel. The student must currently attend high school and be receiving special education services through an individualized education program pursuant to the Individuals with Disabilities Education Act. **\*Youth who are 18 years of age or older may use this form to nominate themselves.**

**(Please Type or Print)**

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| --- | --- | --- | --- | --- |
|  | | | | |
| **Name of Student** Last Name First Middle | | | | |
| **Date of Birth** Month Day Year  / / | | **Gender** q Male   * Female | | |
| **Name of School and School District** | | | | **Grade or Year** |
| **Student’s Mailing Address** | Street/P.O. Box | | | |
| City State Zip | | | |
| Parent Name | | | |
| **Telephone** (Home) Parent (Cell) | | | **Parent Email** | |
| **Name and Contact Information of Person Nominating Student** | Name | | Title | |
| Telephone | | | |
| Email | | | |
| **Briefly describe why you recommend this candidate for the Youth Advisory Panel.** | | | | |

Check this box if the student was informed that they have been nominated.

Check this box if written parent consent has been obtained for this student to participate, if selected, in the Youth Advisory Panel.

Name Signature Date

**For NYSED Use Only Date Received:**