**Commissioner's Advisory Panel for Special Education Services (CAP)**

**Application for Membership**

The Commissioner's Advisory Panel for Special Education Services (CAP) was established pursuant to P.L.94-142 (Education of the Handicapped Act) and reauthorized through PL 108-446 Individuals with Disabilities Education Act (IDEA). CAP functions in an advisory capacity to the New York State Education Department (NYSED), Office of Special Education and advises the Governor, Legislature and Commissioner on unmet needs in the education of children with disabilities. CAP’s responsibilities are prescribed by section 4403 (6) of the State Education Law in accordance with section 612 of the IDEA.

A majority (51%+) of CAP members must be individuals with disabilities or parents of children with disabilities. Members are appointed for a three-year term (July 1 to June 30) by the Commissioner of Education to represent a specific constituency. An applicant must meet the qualifications to represent one or more of the following constituencies:

* Individuals with disabilities
* Parents or guardians of children with disabilities served under IDEA (from birth to age twenty-six)
* Teachers of children with disabilities
* State and local education officials, 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.)
* Representatives of institutions of higher education that prepare special education teachers or administrators and/or related services personnel
* Administrators of programs for students with disabilities
* Representatives of other State agencies involved in the financing or delivery of related services to children with disabilities
* Representatives of nonpublic schools, upon establishment of such schools, representatives of public charter schools
* At least one representative of a vocational, community or business organization concerned with the provision of transition services to students with disabilities
* Representatives of State juvenile and adult corrections agencies
* Representative of the Office of Children and Family Services with responsibility for foster care

Members are appointed based on the category that they represent; however, each member participates as an individual whose sole interest is in the betterment of children and youth with disabilities.

CAP meets at least three times each school year. Each CAP member must commit to participating in all meetings. CAP members serve without compensation but their reasonable and necessary expenses for attending meetings and performing duties are reimbursed, including travel, lodging, and meals.

Applications for CAP membership are accepted on an ongoing basis. If there are no current vacancies, applications will be kept on file for any available future openings. To apply to become a CAP member, individuals must:

* complete the attached application form **and** provide the required supporting documentation
  + cover letter
  + current resume

Individuals interested in becoming a CAP member should first review the information relating to meetings, Bylaws and Annual reports available on the NYSED CAP webpage. For questions or more information about CAP, you may contact Dawn Kalleberg or Alana Davis, Associates, Office of Special Education, NYSED at 518-473-2878.

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Thank you for your interest in applying for CAP. Please return the **completed application, resume, and cover letter to**:

New York State Education Department   
Office of Special Education  
89 Washington Avenue  
Room 309 EB  
Albany, NY 12234

Attention: Commissioner’s Advisory Panel for Special Education Services

OR

Fax to: 518-473-5387

Email: [SPECED@nysed.gov](mailto:SPECED@nysed.gov)

If you are selected to be interviewed, you will be contacted by the New York State Education Department’s (NYSED) Office of Special Education to participate in a 30-minute phone interview. If you are not selected, applications will be kept on file for any available future openings.

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| --- | --- |
| **Applicant Name:**  Click or tap here to enter text. | **Mailing Address:**  Click or tap here to enter text. |
| **Telephone Number:**  Click or tap here to enter text. | **Alternate Telephone Number:**  Click or tap here to enter text. |
| **Email Address:**  Click or tap here to enter text. | **For NYSED Use Only**  Application Receipt Date:  Click or tap here to enter text. |

1. **A majority (51%+) of CAP members must be individuals with disabilities or parents of children with disabilities. Please check the constituency(ies) that you represent based on your current role (check all that apply):**

|  |  |
| --- | --- |
|  | Individual with a disability |
|  | Parent or guardian of a student with a disability served under IDEA through an individualized education program (IEP), (ages birth through 26)  Age of child: Click or tap here to enter text. |
|  | Teacher of students with disabilities |
|  | Local education official (E.g., School Superintendent, General Education Administrator) |
|  | Representative of an institution of higher education that prepares special education teachers or administrators and/or related services personnel |
|  | Administrator of a program(s) for students with disabilities |
|  | Representative of a private school |
|  | Representative of a public charter school |
|  | Representative of a vocational, community or business organization concerned with the provision of transition services to students with disabilities |
|  | Representative from an Education agency responsible for carrying out activities under subtitle B of title VII of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.) |

1. **How did you find out about CAP?**

|  |  |
| --- | --- |
|  | NYSED Website |
|  | NYSED Email Communication |
|  | Local School District |
|  | CAP Member (Previous or Current) |
|  | Other: Click or tap here to enter text. |

1. **Please describe your experience, areas of interest and/or expertise relating to the education of students with disabilities:**

Click or tap here to enter text.

1. **Please describe why you want to become a member of CAP:**

Click or tap here to enter text.

1. **The bylaws require that CAP members attend all meetings. Currently, CAP has three, 2-day meetings held at the State Education Building in Albany, New York. The Commissioner can appoint a replacement if members cannot commit to attendance without good cause. If selected, would you have any issues with the attendance requirements?**

Click or tap here to enter text.

|  |  |
| --- | --- |
|  | **If selected I am committed to participating in all CAP meetings.** |

**Applicant Signature:**   **Date:** Click or tap to enter a date.