**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). The Panel 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 Individuals with Disabilities Education Act (IDEA) and include:

1. To advise the Governor, Legislature and the Commissioner of NYSED of unmet needs within the State in the education of children with disabilities.
2. To comment publicly on any rules or regulations proposed for issuance by the Commissioner regarding the education of children with disabilities.
3. To comment publicly on the procedures for distribution of funds under Article 89 of the State Education Law.
4. To advise NYSED in developing procedures for evaluations of the special education system and reporting on data to the Secretary of Education under section 618 of IDEA.
5. To advise NYSED in developing corrective action plans to address findings identified in federal monitoring reports under Part B of IDEA.
6. To advise NYSED in developing and implementing policies relating to the coordination of services for children with disabilities.
7. To advise NYSED on the education of eligible students with disabilities who have been convicted as adults and incarcerated in adult prisons.

Members are appointed to a three-year term (July 1 to June 30) by the New York State (NYS) Commissioner of Education. 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 (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, either in-person or virtually. 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.

To apply to become a CAP member, individuals must complete the attached application form and provide the required supporting documentation, including a cover letter and current resume. 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.

Individuals interested in becoming a CAP member should first review the information relating to meetings, By-laws and Annual reports available on the NYSED CAP webpage. For questions or more information about CAP, you may contact Dawn Kalleberg or Alana Wickware, Associates, OSE, NYSED at 518-473-2878 or the [CAP Executive Committee](mailto:CAPExecutiveCommittee@nysed.gov).

Attachment

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

**Application for Membership**

Thank you for your interest in applying for CAP. Please return the completed application, resume, cover letter, and any other documents that would support this application 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.

|  |  |
| --- | --- |
| **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. **Please check the constituency(ies) that you represent (check all that apply):**

|  |  |
| --- | --- |
|  | Individual with a disability |
|  | Parent or guardian of a student with a disability (ages birth through 26)  Age of child: Click or tap here to enter text. |
|  | Teacher of students with disabilities |
|  | Local education official  Title: Choose an item. |
|  | Representative of an institution of higher education that prepares special education teachers or administrators and/or related services personnel  Name of Institution:Click or tap here to enter text. |
|  | Administrator of a program(s) for students with disabilities |
|  | Representative of a private (nonpublic) school (i.e, a religious or independent 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. **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. **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. **The bylaws require that CAP members attend all meetings. 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.

1. **Please provide two references. If an employee of a school/school district, at least one reference should be professional**

**Reference #1**

|  |
| --- |
| Name: Click or tap here to enter text. |
| Title: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| Telephone Number: Click or tap here to enter text. |
| Email Address: Click or tap here to enter text. |

**Reference #2**

|  |
| --- |
| Name: Click or tap here to enter text. |
| Title: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| Telephone Number: Click or tap here to enter text. |
| Email Address: Click or tap here to enter text. |

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

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