

CAC Participation Application Form

This form is intended to identify parents and community members interested in participating in the Community Advisory Committee or serving as a voting member, officer, or committee member. By submitting this form your information will be used to keep you informed about CAC events/meetings and family resources.

The CAC is always accepting applications for committee members, voting members or officers of the CAC, and those will be reviewed (and solicited) as vacancies occur.

Email *

slrpx@yahoo.com

Name *

Stephanie Soofi

Street Address *

City *

RSM

ZIP Code *

92688

Telephone Number (Cell number preferred) *

[REDACTED]

Participation Type (Please check all that apply):
and 56193

In accordance with Ed Code 56192 *



Parent or legal guardian of a student with special needs enrolled in Saddleback Valley Unified School District (SVUSD)



Parent or legal guardian of a student with special needs enrolled in Laguna Beach Unified School District (LBUSD)



Pupil or adult with a disability



Special Education Teacher - SVUSD (please add job title in the "other" field below)



Special Education Teacher - LBUSD (please add job title in the "other" field below)



General Education Teacher - SVUSD (please add job title in the "other" field below)



General Education Teacher - LBUSD (please add job title in the "other" field below)



Affiliated with SVUSD or LBUSD (please explain how in the "other" field below)



Community member: Affiliated with a public or private agency, or special needs service provider



Person with a connection (other than a family member) with a student with special needs



Other:

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Why are you interested in being involved with the CAC? *

Share a voice from both school communities Melinda Heights and RSM schools

Explain how your career or life experience can support the mission and vision of the CAC. *

I'm volunteering for PTA special education at both Melinda and RSM school. I work with families with special needs both at my church and school -community programs.

How would you like to be involved with the CAC (check all that apply)? *

- ☐ General membership in the Community Advisory Committee
- ☒ Voting Member
- ☐ Officer (Please state in "other" which position you are interested in: Chairperson; Vice Chairperson; Secretary or Communications Chair).
- ☐ Other committee member
- ☐ Public or Private Agency Community member
- ☐ Other:

If interested in being a Public or Private Agency member, please provide a Letter of Recommendation from the agency you have worked with.

Additional Comments

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Google Forms