



## Special Education Advisory Committee (SEAC) Membership Application

**Individuals must complete the following application form for consideration to be a member of TCDSB Special Education Advisory Committee (SEAC).**

Position applying for:

☒ Community  
Member

OR

☐ Local Associations Membership

Surname:	Lanton	First Name:	Wendy
Main Contact Number:	[REDACTED]	Alternate Contact Number:	[REDACTED]
E-mail address:	[REDACTED]		
Child(ren)'s School(s):	St. Bonaventure Catholic School		
Organization Name:			
Organization Address:			
Main Contact Person:			
Main Contact Number:			
1. To which other TCDSB parent organizations do you presently belong:			
<input type="checkbox"/> CSAC <input type="checkbox"/> CPIC <input type="checkbox"/> TAPCE <input checked="" type="checkbox"/> None			
2. List the community organizations/groups in which you are currently a member and provide a brief outline of your role within each of these organizations:			
Manager - Don Mills Mustangs Select Minor Novice (hockey team)			
3. Briefly outline the reasons why you are interested in being a member of this committee:			
i would like to participate in discussions and gain a better understanding of the special education program.			
4. Please identify and explain any related personal and/or professional experiences which you have that would assist you in the role of a committee member:			
My daughter was diagnosed with a reading learning disability last winter (2019) and officially identified in Dec '19. She (and so many other children) have so much potential with a little help.			
5. Would your personal and/or professional experiences place you in a Conflict of Interest in regards to being a member of this Committee:			
<input checked="" type="radio"/> NO			
<input type="radio"/> YES Please explain:			
6. Have you been selected to be part of another TCDSB Committee within the past 12 months?			
<input type="radio"/> NO			
<input checked="" type="radio"/> YES Please specify the Committee: I previously participated in the school's CSAC as a member at large.			



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7. Do you support the Catholic Mission/Vision of TCDSB?

Yes

8. Provide any additional comments to be considered in regards to your participation on this committee:

*Completed membership application form and request for nomination letter submitted by*  
Wendy Linton to the attention of the Director of  
Education and SEAC Chair via email to:

[rory.mcguickin@tcdsb.org](mailto:rory.mcguickin@tcdsb.org) & [nancy.crawford@tcdsb.org](mailto:nancy.crawford@tcdsb.org)

Date:

March 6, 2020

### Important

- All nominations shall be made in writing by the executive of the local chapter to the Director of Education/Secretary of the board no later than October 31<sup>st</sup> in the year of the Board's election.
- The appointment of members will be made at the Inaugural Meeting of the Board.

For further details on the Policy for the Special Education Advisory Committee, please refer to Policy No. A23 on the TCDSB website at:

<https://www.tcdsb.org/Board/Policies/Documents/A23.pdf>