



# 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:   | McMahon    | First Name:               | Lisa |
| Main Contact Number:   | [REDACTED] | Alternate Contact Number: |      |
| E-mail address:  | [REDACTED] |                           |      |
| Child(ren)'s School(s):  | [REDACTED] |                           |      |
| 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:              |            |                           |      |
| I have an active roll with my daughter in all her therapies, and active research to benefit her  |            |                           |      |
| 3. Briefly outline the reasons why you are interested in being a member of this committee:   |            |                           |      |
| I am fortunate to have a special daughter who is Autistic. I see her successes, achievements and hurdles. I see other autistic children who need a voice and that is me. |            |                           |      |
| 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:              |            |                           |      |
| I have adult friends who are autistic and they help me understand the autistic mind, but most of all how I can help others.  |            |                           |      |
| 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="checkbox"/> NO<br><input type="checkbox"/> YES Please explain:   |            |                           |      |
| 6. Have you been selected to be part of another TCDSB Committee within the past 12 months?   |            |                           |      |
| <input type="checkbox"/> NO<br><input checked="" type="checkbox"/> YES Please specify the Committee: Chair of CSAC   |            |                           |      |



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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: | <p>I feel so strong that all autistic children are heard, and taken care of. I believe that I am a strong candidate for this committee, and I will make sure every decision will benefit them.</p> <p>Completed membership application form and request for nomination letter submitted by<br/>(Applicant to enter full name in the gray shaded box) to the attention of the Director of Education and the SEAC Chair via email to:</p> <p><u>Brendan.Browne@tcdsb.org</u> &amp; <u>Nancy.Crawford@tcdsb.org</u></p> |
| Date:   |  |

### 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>