



Selection Process for Parent/Community Membership on TCDSB Staff, Steering, Advisory or Ad Hoc Committees

PARENT/COMMUNITY MEMBER APPLICATION FORM

Individuals are requested to complete the following application form for consideration to be a member of a TCDSB Staff, Steering, Advisory or Ad Hoc committee:

Committee

Name: Special Education Advisory Committee

Application
Position:

Parent Representative Community Representative

Surname:	Ricciuto	First Name:	Laurie
Home Phone:		Cell Phone:	
E-mail address:			
Child(ren)'s School(s):	Holy Name and St. Patrick's Secondary		
<p>1. To which other TCDSB parent organizations do you presently belong:</p> <p> <input type="checkbox"/> CSPC <input type="checkbox"/> CPIC <input type="checkbox"/> Toronto OAPCE <input checked="" type="checkbox"/> None </p>			
<p>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.</p> <p>None</p>			
<p>3. Briefly outline the reasons why you are interested in being a member of this committee:</p> <p>I have two children who are identified - one as gifted, one as learning-disabled. Having navigated the special education system for the past several years, I have learned a great deal about what is available and current policies and procedures in place. I am interested in being a member of this committee because I have gained many insights from my observations and experiences and I think these could make a positive contribution to the committee.</p>			



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4. Would your personal and/or professional experiences place you in a Conflict of Interest* in regards to being a member of this Committee:

NO YES

Please Explain

5. Have you been selected to be part of another TCDSB Committee within the past 12 months?

NO YES

Please specify the Committee

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

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

Yes

Submit Form