The *East Baton Rouge Parish School Board* is accepting applications for membership on the *Special Education Advisory Council*. The *Council* is an opportunity for parents, district staff, and community to provide advice and recommendations regarding special education policies, procedures, and resources and will meet three (3) times per year.

Council members will:

- Actively participate in meetings with the *EBR Parish Schools Department of Exceptional Student Services* Director and Supervisors
- Share input on upcoming decisions concerning policy, procedures, and use resources
- Work collaboratively to improve the educational system for students with disabilities
- Engage in outreach activities to the community at large, to increase the level of knowledge, support, and collaboration with respect to Special Education.

Members are being sought from the following stakeholder groups:

- Parents or legal guardians of students with disabilities enrolled in *East Baton Rouge Parish Schools*
- Teachers, Principals, and Paraprofessionals employed by *East Baton Rouge Parish Schools*
- Adults with disabilities
- Self-Advocates (high school students with disabilities)
- Employers of students with disabilities
- School Board Members
- School student leadership

Members will be appointed by Mr. Lamont Cole, *Superintendent*, and serve a two (2) year term.

To apply, applications can be obtained from the *East Baton Rouge Parish Exceptional Student Services Office*, 6550 Sevenoaks Drive | Baton Rouge, LA | 70806 or access an application from the district's website: www.ebrschools.org .

All applications must be returned to the ESS or via email at **Coverton1@ebrschools.org**, using in subject line SEAC Application, no later than **September 1, 2026**.

East Baton Rouge Parish School Broad
Special Education Advisory Council Application

Applicant's Name: _____ Applicant's Phone Number: _____

Applicant's Address: _____

Membership Category of Applicant (please check one):

□ Parent or legal guardian of a student with an exceptionality, other than Gifted and Talented, who is enrolled in an *East Baton Rouge Parish School System* school.

School: _____ Grade: _____

□ Elementary □ Middle □ High

□ Teacher employed by EBR Parish School Board School: _____

Grade(s)/Subject(s) taught: _____

□ Principal employed by EBR Parish School Board

School: _____

□ Paraprofessional employed by EBR Parish School Board

School: _____

□ Other Special Education stakeholders:

○ Self-Advocate (adult w/disability) ○ Self-Advocate (student w/disability)

○ Member of organization serving students with disabilities (e.g., non-profit, community group, LA *Rehabilitation Services (LRS)*, post-secondary education program, employer of students with disabilities)

Name of Organization: _____

○ School Board Member

○ Student Leader: Name of organization and position of leadership: _____

The *East Baton Rouge Parish School Board Special Education Advisory Coun*cil will meet at least three times during the school year. Will you be able to consistently attend these meetings?

□ **Yes** □ **No**

Please answer the following questions (attach additional sheets as needed):

A. Why are you interested in membership on the Special Education Advisory Council?

B. What is your vision for students with disabilities in East Baton Rouge Parish?

C. Please list all organizations, agencies, advisory boards, councils, or commissions you are affiliated with that serve students or individuals with disabilities or their families

D. List any additional information you would like the membership committee to consider.

Please submit this completed application by **September 1, 2026,** to 6550 Sevenoaks Drive | Baton Rouge, Louisiana | 70806 | or via email at **Coverton1@ebrschools.org** using in subject line SEAC Application.

The Superintendent, Mr. Lamont Cole, will appoint and designee will notify the council membership no later than **September 1, 2026.** Thank you for your interest in improving Special Education in *East Baton Rouge Parish Schools*.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that completing this application does not guarantee appointment to the council. Furthermore, I understand that participation is on a volunteer basis, as there is no compensation provided to *Special Education Advisory Council* members. Additionally, I understand that the purpose of the *Special Education Advisory Council* is to be a resource for the local superintendent and school board. The *East Baton Rouge Parish School System Special Education Advisory Council* has no authority to direct school district personnel, operations, policies, or budgeting. There is no requirement that the advice or feedback of the *East Baton Rouge Parish School System Special Education Advisory Council* be adopted or implemented by the *EBR Parish School System Board* or Superintendent.

Signature: _____ Date: _____