

Santa Monica Malibu PTA Council
Special Education Committee

Name _____

Address _____

Phone _____ Cell _____
Phone _____

E-mail
Address _____

—

Check one (and indicate school if applicable):

Parent _____ Teacher _____ Staff _____ Community
member _____

Interested in:

FALL FORUM _____ PARENT RESOURCE NETWORK _____
SUPPORT GROUP _____

OTHER: _____

WILLING TO TAKE LEADERSHIP POSITION? YES NO

SKILLS:

Bilingual _____ Communication _____

Events _____ Special Education Speakers &
Resources _____

Law _____ Legislation _____

WHAT ELSE WOULD YOU LIKE US TO KNOW?