DALE A.R. ERQUIAGA
Superintendent of Public Instruction

JULIA TESKA
Deputy Superintendent
Business and Support Services

STATE OF NEVADA

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DEPARTMENT OF EDUCATION

700 E. Fifth Street
Carson City, Nevada 89701-5096
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www.doe.nv.gov

MEMORANDUM

TO: Interested Parties

FROM: Marva Cleven, Director of State Special Education
Office of Educational Opportunity

SUBJECT: Nominations for the Special Education Advisory Committee

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We are in the process of soliciting nominations to submit to the State Board of Education for their consideration to fill the following representations on the Special Education Advisory Committee:

- Parents of Children with Disabilities and/or Individuals with Disabilities
- Department of Health and Human Services
- Charter Schools
- Special Education Administrator - South

Nominees will be recommended to serve on the advisory committee based upon the information included in the Biographical/Background form that the nominee submits to the Department. Additionally, the following criteria will be taken into consideration:

1. Current service in the position for which nomination is received, e.g., parent of a child with disabilities must have a child age 0-26 in special education; individual with disabilities must have a disability, etc.
2. Experiences and knowledge in the field of special education.
3. Membership in and/or representation of a constituent group.

If you or your organization wish to make a nomination(s), please complete the enclosed form and return to Kim Boles at the Department of Education (nominations may be submitted via FAX to (775) 687-9123.) Self-nominations are acceptable if you wish to nominate yourself. Thank you.

kb
Encl.

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Special Education Advisory Committee

NOMINATION FORM

Nominee: _____

Address: _____

_____

Phone Number: _____
Home Work

Email: _____

Representation needed for the following categories:

____ Parents of Children with Disabilities and/or Individuals with Disabilities

____ Department of Health and Human Services

____ Charter Schools

____ Special Education Administrator - South

Person/Organization Submitting Nomination:

_____

Please return to:

Kim Boles
Nevada Department of Education
700 E. Fifth Street, Suite 113
Carson City, NV 89701
(775) 687-9147 (775) 687-9123 FAX