

Steve Sisolak
Governor

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STATE OF NEVADA
DEPARTMENT OF EDUCATION
700 E. Fifth Street | Carson City, Nevada 89701-5096
Phone: (775) 687-9200 | www.doe.nv.gov | Fax: (775) 687-9101

MEMORANDUM

TO: Interested Parties

FROM: Will Jensen, Director
Office of Inclusive Education

SUBJECT: Nominations for the Special Education Advisory Committee

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
- Private Schools
- Homeless Education
- Foster Care
- Special Education Teacher – South
- Charter Schools
- Department of Health & Human Services
- Office of Protection and Advocacy Agency

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 or email kboles@doe.nv.gov) Self-nominations are acceptable if you wish to nominate yourself. Thank you.

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Encl.

Superintendent of

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Special Education Advisory Committee

NOMINATION FORM

Nominee: _____

Address: _____

Phone Number: _____
Home Work

Email: _____

Nomination is for the following category:

- _____ Parents of Children with Disabilities and/or Individuals with Disabilities
- _____ Private Schools
- _____ Homeless Education
- _____ Foster Care
- _____ Special Education Teacher - South
- _____ Charter Schools
- _____ Department of Health & Human Services
- _____ Office of Protection and Advocacy Agency

Person/Organization Submitting Nomination:

Please return to:

Kim Boles
Nevada Department of Education
700 E. Fifth Street, Suite 106
Carson City, NV 89701
(775) 687-9147 (775) 687-9123 FAX
kboles@doe.nv.gov