**Individuals with Disabilities Education Act (IDEA)**

**State Advisory Panel Nomination Form**

**2022-2023 School Year**

**(Please answer all questions below)**

**NOMINEE INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Nominee Name: |  |  | Female |  |
|  |  |  |  | Male |  |

|  |  |  |
| --- | --- | --- |
|  | Race/Ethnicity: |  |

|  |  |  |
| --- | --- | --- |
|  | Address: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | City: |  | State: |  | Zip: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Telephone: |  |  | Fax: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Email: |  |  | Occupation: |  |

|  |  |  |
| --- | --- | --- |
|  | Current Employer: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Do you represent an organization: | Yes | No |

|  |  |  |
| --- | --- | --- |
|  | If so, which organization: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current Panel member seeking re-appointment: | Yes | No |

|  |  |  |
| --- | --- | --- |
|  | Number of terms served on IDEA State Advisory Panel (each term 3 years): |  |

|  |  |  |
| --- | --- | --- |
|  | Total number of years served on IDEA State Advisory Panel: |  |

Please check place of residence:

|  |  |
| --- | --- |
|  | Northwest |
|  | Northeast |
|  | Southwest |
|  | Southeast |
|  | Central (Albuquerque, Rio Rancho, Bernalillo, Los Lunas, Santa Fe) | |

**The New Mexico Public Education Department (PED) established and maintains an advisory panel for the purpose of providing policy guidance with respect to special education and related services for children with disabilities in the State. (34 CFR § 300.167).**

Please check one (1) group of constituents you have chosen to represent from the boxes located on the let of chart:

|  |  |  |
| --- | --- | --- |
|  | Parents of child(ren) with disabilities (ages birth through 26) | Age(s) of child(ren): |
|  |  |  |
|  | Individuals with disabilities and I will represent that constituency | |
|  | Teachers (Regular Education or Special Education)  (Circle one of the above) | District: |
|  |  |  |
|  | Representatives of institutions of higher education that prepare special education and related services personnel | List Institution: |
|  |  |  |
|  | State and local education officials, including officials who carry out activities under subtitle B of title VII of the McKinney-Vento Homeless Assistance Act, (42 U.S.C. 11431 *et seq*.) | |
|  | Administrators of programs for children with disabilities | List Program: |
|  |  |  |
|  | Representatives of other State agencies involved in the financing or delivery of related services to children with disabilities | List Agency: |
|  |  |  |
|  | Representatives of private schools and public charter schools | List School: |
|  |  |  |
|  | Representative of a vocational, community, or business organization concerned with the provision of transition services to children with disabilities | List Agency: |
|  |  |  |
|  | A representative from the State child welfare agency responsible for foster care | List Agency: |
|  |  |  |
|  | Representatives from the State juvenile and adult corrections agencies (Circle one of the above) | List Agency: |
|  |  |  |

|  |  |
| --- | --- |
| The State Advisory Panel Members must attend meetings four times per year. Each meeting is at least two days in length. Meetings are held in various locations throughout the state. Are you able to attend two-day meetings and travel four times a year to different locations in the state? | |
| Yes | No |

|  |
| --- |
| How will you or the person being nominated help to advise the New Mexico IDEA State Advisory Panel on issues effecting students with disabilities and their families? |

**Please include your resume or the resume of the person being nominated.**

Please return the original copy of this nomination form, **signed and dated**, by July 30, 2022. Include resume and email to: [Sandra.riggs@state.nm.us](mailto:Sandra.riggs@state.nm.us)

New Mexico Public Education Department

Special Education Bureau

**Attention: Sandra Riggs**

120 S. Federal Place, Room 203

Santa Fe, NM 87501

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant Signature or person nominating applicant |  | Date |

|  |
| --- |
|  |
| Print Name |