

# Superintendent's Advisory Council for the Education of Students with Disabilities

## 2018-20 WILLINGNESS TO SERVE FORM

**PLEASE COMPLETE AND RETURN TO Corinne Smith**

[corinne.smith@sdhc.k12.fl.us](mailto:corinne.smith@sdhc.k12.fl.us) | Phone: (813) 837-7872

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The Willingness to Serve Form is a non-binding, vehicle available for individuals to share interest in Advisory Council participation as a member and as an officer. All current Advisory Council members and ALL prospective members are asked to complete the Willingness to Serve Form.

### MISSION

*(as outlined in the By-Laws, Article III)*

The Advisory Council shall serve in an advisory capacity to the Superintendent of Schools, in understanding and recognizing the needs of all children with disabilities within the School District's jurisdiction. A primary focus will be to identify and recommend systemic strategies that are intended to improve outcomes for children who have disabilities.

### MEMBERSHIP

*(as outlined in the By-Laws, Article V)*

The Advisory Council shall nominate persons for membership by majority vote. The Advisory Council shall then recommend to the Superintendent of Schools the members of the Advisory Council for approval. Membership shall be voluntary and confirmed by appointment of the Superintendent of Schools.

In order for the Council to be effective, it is essential that all members attend meetings on a regular basis. Non-attendance of a member at two (2) general meetings within a 12-month period shall be reviewed by the officers.

Upon appointment, each member shall serve for a term of two years. Members may request re-nomination and re-appointment for more than one term.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Member (Member Since: \_\_\_\_\_)

Prospective Member

I do not request reappointment at this time

I request consideration for membership and leadership as indicated below

Please share your interest in serving as part of the Advisory Council and how you would contribute to its Mission?  
*(This statement may be included on the printed ballot)*

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Name: \_\_\_\_\_

**MEMBERSHIP CATEGORIES**

*(as outlined in the By-Laws, Article V)*

*Please check all that apply*

\_\_\_\_\_ **PARENT** *(shall have at least 6 parents)*

Must be a parent of a child with a disability who is eligible to enter, is currently enrolled in, or who has exited the Hillsborough County School District’s program. The term “parent” includes a natural parent, adoptive parent, grandparent, surrogate parent, foster parent, guardian, guardian ad litem, etc.

Priority shall be given to parents of children currently enrolled in Hillsborough County Public Schools and who have no professional affiliation with, or are employed by the School District.

Please list child(s) age, grade, school and disability:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Parent with professional affiliation with, employed by the District.

Please list affiliation: \_\_\_\_\_

\_\_\_\_\_ **COMMUNITY REPRESENTATIVE** *(shall have at least 6 members)*

Includes advocacy and support groups and other stakeholder organizations with a demonstrated commitment to children with disabilities in Hillsborough County.

Please list organization(s) and affiliations:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **SCHOOL DISTRICT** *(shall include 6 school representatives, including.)*

\_\_\_\_\_ a teacher of exceptional students (age/grade served: \_\_\_\_\_)

\_\_\_\_\_ a teacher of regular education students (age/grade served: \_\_\_\_\_)

\_\_\_\_\_ an administrator of Exceptional Student Education programs

\_\_\_\_\_ an Area ESE Supervisor

\_\_\_\_\_ ESE General Directory *(non-voting)*

\_\_\_\_\_ Other: \_\_\_\_\_ *(please list title)*

\_\_\_\_\_ **COUNTY COUNCIL PTA/PTSA MEMBER**

\_\_\_\_\_ **EXCEPTIONAL STUDENT**

Currently participating in the Hillsborough County School District’s Exceptional Student Education program.

Age/Grade: \_\_\_\_\_

\_\_\_\_\_ **A PERSON WHO HAS EXPRESSED INTEREST**

in the efforts of the Advisory Council. This member may include a

\_\_\_\_\_ community Leader,

\_\_\_\_\_ elected official, or

\_\_\_\_\_ other, Please describe: \_\_\_\_\_

Name: \_\_\_\_\_

## OFFICERS

*(as outlined in the By-Laws, Article VII) – Elected by the membership every two years  
Please indicate potential interest, now, or in the future.*

\_\_\_\_\_ **PRESIDENT:**

The President must be a parent member and have served on the Advisory Council for a minimum of one year after the initial term of membership. Priority will be given to parent members. The President shall serve as spokesperson for the Advisory Council, shall preside over each general meeting; shall develop the agenda; shall appoint committees and committee chairpersons, and shall coordinate the preparation and presentation of recommendations to the Superintendent and other reports.

\_\_\_\_\_ **VICE PRESIDENT:**

The Vice President must have served on the Advisory Council for a minimum of one year after the initial term of membership. Shall preside at the meetings in the absence of the President, or at the request of the President. Shall ensure that each committee is in operation, and shall serve as parliamentarian during general membership meetings. Must be versed in Robert’s Rules of Order and shall assist the President in carrying out the duties of the President.

\_\_\_\_\_ **SECRETARY:**

The Secretary shall be responsible for coordinating meeting dates and notification of members, taking the minutes of each general membership meeting, distributing the minutes to every member of the Advisory Council and the Superintendent at least ten (10) days prior to the date of the next scheduled meeting, and for keeping attendance and submitting to the Superintendent. The Secretary shall also maintain responsibility for the preparation and handling of correspondence to and from the Advisory Council and shall assist the President in coordinating preparation of reports and recommendations.

## COMMITTEES

*(as outlined in the By-Laws, Article VIII) as appointed by the President*

\_\_\_\_\_ **AD Hoc Committee Member** as deemed appropriate to address a specific issue.  
*(i.e., teacher recruitment and retention, parent engagement, legislative, out of school time, transition services, etc.)*  
Area of personal interest: \_\_\_\_\_

\_\_\_\_\_ **AD Hoc Committee Chairman**

\_\_\_\_\_ **District Committee Member**  
*(i.e., curriculum review, transportation, etc..)*

\_\_\_\_\_ **Nominations**