



**FAIRFAX COUNTY PUBLIC SCHOOLS (FCPS)  
ADVISORY COMMITTEE FOR STUDENTS WITH DISABILITIES (ACSD)  
PUBLIC INTEREST FORM**

*The FCPS ACSD is a State-Mandated Special Education Advisory Committee (SEAC). Its volunteer members are appointed by the School Board to one-year terms. Any member of the public can show interest in serving on the ACSD by completing this form and emailing it to [acsdchair@fcps.edu](mailto:acsdchair@fcps.edu). These questions are designed to provide background information to help appointing individuals consider candidates for the ACSD. This information will not be held, used, or provided for any other purpose.*

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

***Please check all that apply to you, as demographic information. Please also highlight any of your checked categories for which you would accept an appointment to the ACSD if offered.***

- |  |  |
|--|--|
| <input type="checkbox"/> Student   | <input type="checkbox"/> Resident of City of Fairfax                                     |
| <input type="checkbox"/> Person with a disability  | <input type="checkbox"/> Representative of Assistive Technology Services (ATS)           |
| <input type="checkbox"/> Parent or guardian of a child with a disability<br>Child's age(s): _____<br>School/Center child(ren) attend(s): _____ | <input type="checkbox"/> Representative of Career and Transition Services                |
| <input type="checkbox"/> FCPS Teacher or Staff   | <input type="checkbox"/> Representative of Higher Education                              |
| <input type="checkbox"/> Resident of FCPS Region 1   | <input type="checkbox"/> Representative of Preschool                                     |
| <input type="checkbox"/> Resident of FCPS Region 2   | <input type="checkbox"/> Representative of the Disability Services Board                 |
| <input type="checkbox"/> Resident of FCPS Region 3   | <input type="checkbox"/> Representative of Fairfax-Falls Church Community Services Board |
| <input type="checkbox"/> Resident of FCPS Region 4   | <input type="checkbox"/> Representative of the Health Department                         |
| <input type="checkbox"/> Resident of FCPS Region 5   | <input type="checkbox"/> Representative of Neighborhood & Community Services             |
| <input type="checkbox"/> Resident of Braddock District   | <input type="checkbox"/> Representative of another community agency<br>(specify): _____  |
| <input type="checkbox"/> Resident of Dranesville District  | <input type="checkbox"/> Member of the FC Council PTA (FCCPTA)                           |
| <input type="checkbox"/> Resident of Hunter Mill District  | <input type="checkbox"/> Member of the FC Special Education PTA (SEPTA)                  |
| <input type="checkbox"/> Resident of Lee District  | <input type="checkbox"/> Member of Decoding Dyslexia Virginia (DDVA)                     |
| <input type="checkbox"/> Resident of Mason District  | <input type="checkbox"/> Member of the Federation of Citizens Associations               |
| <input type="checkbox"/> Resident of Mount Vernon District   | <input type="checkbox"/> Member of the League of Women Voters                            |
| <input type="checkbox"/> Resident of Providence District   | <input type="checkbox"/> Member of Parents of Autistic Children (POAC-NOVA)              |
| <input type="checkbox"/> Resident of Springfield District  | <input type="checkbox"/> Member of another community organization<br>(specify): _____    |
| <input type="checkbox"/> Resident of Sully District  |  |



**FAIRFAX COUNTY PUBLIC SCHOOLS (FCPS)  
ADVISORY COMMITTEE FOR STUDENTS WITH DISABILITIES (ACSD)  
PUBLIC INTEREST FORM**

Disability(ies) with which you have personal experience:

---

---

---

What do you hope to accomplish from your participation on the ACSD?

---

---

---

---

---

What unique experiences, perspectives, talents, or skills could you bring to the ACSD?

---

---

---

---

---

---

What do you see as needs in special education? (List system-wide issues rather than personal issues)

---

---

---

---

---

---

How did you first hear about the FCPS ACSD? (Please check one)

- Current ACSD Member (name: \_\_\_\_\_)  Website  Parent Resource Center
- Teacher/FCPS Staff  School Board Member (name: \_\_\_\_\_)  Social Media
- Other (specify): \_\_\_\_\_

**Send your completed form by email to: [acsdchair@fcps.edu](mailto:acsdchair@fcps.edu)**