

### CAC MEMBERSHIP APPLICATION

Thank you for your interest in the Community Advisory Committee for Special Education. Your membership application will be reviewed by our nominating committee, subject to approval by the CAC at large, and finally, subject to confirmation by the Mt. Diablo School Board of Education.

Prior to applying to the CAC, applicant must attend two regular business meetings.

The following application, as required by the Brown Act, will become a public document subject to public review. Therefore, if there is anything of a confidential nature you wish to remain confidential, please do not include it on this form.

Applicant's Name:  
(Please Print)

Theresa Buhlman  
First Last

[Redacted address information]

Circle capacity in which you wish to serve as a member:

- Parent School Nurse School Psychologist DIS
- Community General Ed Resource Specialist SDC

Mt. Diablo School Affiliations (if any):

Related Community or Organization Affiliations (if any):

Autism Task Force

Please state your primary interest in becoming a working member of the CAC:

Serve the MDUSD community

SIGNATURE:

Theresa Buhlman

DATE:

7/14/10

Please return to: Vi Ibarra, [Redacted]

Approved 9/1/10

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Applicant's Name:  
(Please Print)

AUDRA MCDONALD  
First Last

[Redacted address information]

Circle capacity in which you wish to serve as a member:

- Parent
- School Nurse
- School Psychologist
- DIS
- Community
- General Ed
- Resource Specialist
- SDC

Mt. Diablo School Affiliations (if any):

~~4~~ 3 children in district (2 are special ed.)

Related Community or Organization Affiliations (if any):

WV Care Services for Children - employee

Please state your primary interest in becoming a working member of the CAC:

To advise members of the MDSB regarding the needs of children receiving special education services.

SIGNATURE: Audra McDonald DATE: 8-3-2010

Please return to: Vi Ibarra, [Redacted]

Approved 9/13/10

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Applicant's Name:  
(Please Print)

Julie  
First

Nibblett  
Last

[Redacted address information]

Circle capacity in which you wish to serve as a member:

- |   |                                    |   |                           |
|---|------------------------------------|---|---------------------------|
| <input checked="" type="radio"/> Parent | <input type="radio"/> School Nurse | <input type="radio"/> School Psychologist | <input type="radio"/> DIS |
| <input type="radio"/> Community         | <input type="radio"/> General Ed   | <input type="radio"/> Resource Specialist | <input type="radio"/> SDC |

Mt. Diablo School Affiliations (if any):

School Site Council

Related Community or Organization Affiliations (if any):

Please state your primary interest in becoming a working member of the CAC:

I am a very involved parent at my children's school present and past schools and I want to say what is going on in our district.

SIGNATURE:

Julie Nibblett

DATE:

5/3/10

Please return to: Maria Grosskopf, [Redacted]