

**Educators with Disabilities Caucus (EDC)
of the Council for Exceptional Children
Application for EDC Membership
Send to: jedikimgirl@yahoo.com**

Instructions; Click your mouse in the grey boxes to enter information. You can only type in the grey boxes. Save the document and email it as an attachment All application information is for EDC use only.

Name					
Home Address					
City		State		Zip	
Work Address					
City		State		Zip	

Please indicate which address you prefer to use for communication: ___ home ___ work

Home Phone		Work		Fax	
Email Address					
Current Position					
Discipline					
Professional Interests					

Gender: ___ M ___ F

Disability: ___ Yes ___ No

Are you interested in having a mentor or would you like to become a mentor through the Educators with Disabilities Caucus? ___ Mentor ___ Mentee

Are you a teacher without a disability, but support a teacher with a disability in your school? ___Yes ___No If so, how can EDC help you?

Would you like to become active in the EDC by serving on a committee? ___ Yes ___ No

If you are a teacher with a disability, please check all of the following activities in which you have experienced difficulty:

- | | |
|---|---|
| <input type="checkbox"/> Access/entry to higher education | <input type="checkbox"/> Services/support in higher education |
| <input type="checkbox"/> Access/entry to employment | <input type="checkbox"/> Services/support in employment |
| <input type="checkbox"/> Career advancement | Other _____ |

In what ways do you believe that EDC could address these issues that you have checked off in the boxes above?
