

**NOMINATION FORM**  
**BOARD OF EDUCATION ADVISORY COMMITTEES**  
***Term: July 2007 through June 2010***

Please indicate the advisory committee and category (if applicable) for which this nomination is made. Submit a completed nomination form for each nominee on or before Monday, July 9, 2007, to:

Dr. Margaret N. Roberts  
Executive Assistant to the Board of Education  
Department of Education  
P.O. Box 2120  
Richmond, Virginia 23218-2120  
Fax: (804) 225-2524  
[Margaret.Roberts@doe.virginia.gov](mailto:Margaret.Roberts@doe.virginia.gov)

\_\_\_\_\_ **Advisory Board for Teacher Education and Licensure (ABTEL):**  
**Seeking nominees in the following categories; one of the classroom teacher appointees must be a teacher of special education:**

- \_\_\_ Member-at-large
- \_\_\_ Classroom Teacher (Elementary)
- \_\_\_ Classroom Teacher (Secondary)
- \_\_\_ Division Superintendent
- \_\_\_ Nonpublic School Teacher (Secondary)

\_\_\_\_\_ **State Special Education Advisory Committee (SSEAC): Seeking nominees in the following categories:**

- \_\_\_ Parent of a child with a disability, Region 3
- \_\_\_ Parent of a child with a disability, Region 4
- \_\_\_ Parent of a child with a disability, Region 5
- \_\_\_ Parent of a child with a disability, Region 7

SSEAC (continued):

\_\_\_ Transition-Vocational Education

\_\_\_ Local Director of Special Education

\_\_\_ Person with a disability

\_\_\_ **Advisory Committee on Adult Education and Literacy (no specific category required)**

\_\_\_ **Career and Technical Education Advisory Committee: (no specific category required)**

\_\_\_ **Virginia Advisory Committee for the Education of the Gifted: (no specific category required)**

**PERSON BEING NOMINATED:** (Please print or type)

Name of nominee: \_\_\_\_\_

Current Position: \_\_\_\_\_

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

\_\_\_\_\_ Zip: \_\_\_\_\_

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

\_\_\_\_\_ Zip: \_\_\_\_\_

Home: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_

Fax: (    ) \_\_\_\_\_

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

**INDIVIDUAL OR ORGANIZATION MAKING THE NOMINATION:**

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

Name of Individual Submitting Nomination: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

**Nominee's Biographical Introduction to the Members of the Board of Education:** (Please provide a short narrative on the nominee including educational background, professional and work experience accomplishments, and community service. It is not necessary to attach a vita.)

***For nominations to the Advisory Board for Teacher Education and Licensure, please respond to the following two items:***

**1. Nominee's Educational Philosophy:**

**2. Nominee's Perspectives on Teacher Education and Licensure:**

a. Perspective on Teacher Education

b. Perspective on Licensure

***Thank you!***