

Twin Rivers Unified School District  
Division of Special Education  
Special Education Services  
Community Advisory Committee (CAC)

**Please Return to Special Education Services 3222 Winona Way, North Highlands, CA 95660**  
**Physical Address: 5115 Dudley Blvd., McClellan Park, CA 95652 – Bay C**

The Mission of the Twin Rivers Unified School District (TRUSD) Community Advisory Committee for Special Education referred to as the CAC; which is mandated by the State of California Department of Education and Education Code Section; 56190-56194, Special Education Programs, Article VII, is to help ensure that the Twin Rivers Unified School District delivers quality special education services, in compliance with federal and state laws, to all children with disabilities residing within district boundaries.

### 2023-2024 CAC Membership Application

*(All information is confidential)*

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email address: \_\_\_\_\_

Special Needs/Accommodations needed:      No       Yes  *(if needed please explain)*

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Please indicate the appropriate category for your application:

**Parent of Special Education Students** *(Parent/legal guardian or conservator of a child with a disability enrolled in TRUSD. If you are applying as a parent, please complete the parent application portion of this form.)*

**Parent of General Education Students** *(Parent/legal guardian or conservator of a child enrolled in public or private schools, Charter Schools participating in the local plan.)*

Name of School \_\_\_\_\_

**Completion of application does not ensure membership. Membership is contingent upon geographic and categories representative of the demographics in the District as provided in Education Code section 56191, 56192. Applications are approved by Special education Services and are pending Board of Education appointment.**

**Special Education Teacher employed by TRUSD** (*Specify school/position/program.*)

School \_\_\_\_\_ Position \_\_\_\_\_ Grade \_\_\_\_\_

**General Education Teacher employed by TRUSD** (*Specify school/position/grade.*)

School \_\_\_\_\_ Position \_\_\_\_\_ Grade \_\_\_\_\_

**Community Agency Representative** (*Specify name of agency/organization/public or private.*)

Name of agency \_\_\_\_\_  Public Agency  Private Agency

**Please answer the following questions:**

**The CAC is an advisory committee.** Members are required to be actively involved and participate on the committees.

Why do you want to join CAC?

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How do you believe you can contribute to CAC?

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Do you have any other interests related to CAC?  Yes (*Please list below*)  No

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Commitment Statement:

In accordance with the requirements, the Community Advisory Committee is called to advise the Board of Education about issues related to special education. The committee fulfills duties in accordance with the State Education Code, Twin Rivers Unified School District Policies and Procedures and CAC bylaws. Each member is required to participate on committees to support the other activities on behalf of the CAC.

It is the intent of the CAC to strive to maintain a voting membership of “Parents of Students with Disabilities” representatives reflective of the diversity and geographic location in the **Twin Rivers Unified School District**. Furthermore, the CAC strives to ensure the committee is comprised of a representation from other groups.

I commit to be an active participant on the committee. In doing so I will work to improve outcomes for all students by supporting an education program based upon students’ needs, equal opportunities and free appropriate public education in the least restrictive environment. I will collaboratively, follow the State Education Code, Twin Rivers Unified School District Policies, and Procedures, the Operating Norms and Code of Conduct and CAC bylaws

I hereby submit my application for membership to the Community Advisory Committee and verify that this information is correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return to:**

**Mailing Address**

Special Education Services  
3222 Winona Way  
North Highlands, CA 95660

**Physical Address**

Special Education Services  
5115 Dudley Blvd. – Bay C  
McClellan Park, CA 95652

**Office use only**

\_\_\_\_\_  
Date submitted to SPED Services

\_\_\_\_\_  
Date submitted to the Board of Education

\_\_\_\_\_  
Date of approved

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