

**“ADVISORY BOARD NOMINATION FORM”**

**Utah Professional Development / Assistive Technology Network**

The Utah State Office of Education – Special Education Section seeks to form an advisory board representing Utah special education stakeholders, to assist in analyzing state level data and stakeholder’s needs to identify annual professional development and technical assistance priorities in Utah. Because this board will be influential, we ask that you carefully consider the preparations and abilities of persons you nominate for consideration in representing you and your colleagues’ PD/TA interests/needs. By-laws will guide the appointed advisory board. Advisory board members are needed from district and charter LEAs, institutions of higher education, parents of students with disabilities, and LEA representatives from each of the five Utah Service Regions (Wasatch Front, CUES, SESC, SEDC, NUES--see regional services map on back).

**Nominations Due to Glenna Gallo - May 15, 2014**

**Person Completing Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Organization: \_\_\_\_\_ Position: \_\_\_\_\_  
Email: \_\_\_\_\_

**Person(s) You Are Nominating**

#1 Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Organization: \_\_\_\_\_ Position: \_\_\_\_\_  
Email: \_\_\_\_\_

Describe why you are nominating this person, and relevant, knowledge, skills and experiences, and including the person’s standing among their colleagues:

Is this person aware of your nomination (Yes / No)

#2 Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

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

Describe why you are nominating this person, and relevant, knowledge, skills and experiences, and including the person's standing among their colleagues:

Is this person aware of your nomination (Yes / No)

### UTAH REGIONAL SERVICE CENTERS

