

Northbridge Special Education Parent Advisory Council

Membership Form

Contact Information	
Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
E-Mail Address	

Membership Category	
<input type="checkbox"/> parent/guardian	<input type="checkbox"/> family member
<input type="checkbox"/> individual/student (14 – 17) (non-voting)	<input type="checkbox"/> professional
<input type="checkbox"/> individual/student (18+)	<input type="checkbox"/> educator/administrator (non-voting)

Age of Interest	Area of Interest
Tell us in which age group(s) you are interested in	Tell us in which area(s) you are interested in
<input type="checkbox"/> Preschool <input type="checkbox"/> Post High School <input type="checkbox"/> K-2 (Early Elementary) <input type="checkbox"/> Transition 18-22 <input type="checkbox"/> 3-4 (Elementary) <input type="checkbox"/> College <input type="checkbox"/> Middle School <input type="checkbox"/> All <input type="checkbox"/> High School <input type="checkbox"/> Other _____	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> MR/Cognition <input type="checkbox"/> Autism Spectrum <input type="checkbox"/> Physical Disability <input type="checkbox"/> Developmental <input type="checkbox"/> Medical <input type="checkbox"/> Deaf/Blind <input type="checkbox"/> All <input type="checkbox"/> LD/NLD <input type="checkbox"/> Other _____

Topics of Interest	Email/Networking/Volunteer
Tell us in which topic(s) you are interested in	Please check all that apply
<input type="checkbox"/> Assistive Technology <input type="checkbox"/> Organizational Skills (parent and/or student) <input type="checkbox"/> Educational Advocacy <input type="checkbox"/> Screening/Evaluations <input type="checkbox"/> Disability/Special Need Specific <input type="checkbox"/> Special Education Laws <input type="checkbox"/> Family Supports <input type="checkbox"/> Transition Planning (all levels) <input type="checkbox"/> Inclusion <input type="checkbox"/> Other _____	<input type="checkbox"/> Please add me to email group <input type="checkbox"/> Please add me to Parents Place parent to parent networking group <input type="checkbox"/> I would like to volunteer <input type="checkbox"/> Hospitality (refreshments) <input type="checkbox"/> PR/Marketing/Booths <input type="checkbox"/> Workshop Planning <input type="checkbox"/> Fundraising <input type="checkbox"/> School Liaison: _____ <input type="checkbox"/> Other _____

Please return this form to: NPAC, PO Box 117, Whitinsville, MA 01588

Our Policy

*As a community based group, NPAC believes in supporting fellow members, while respecting their privacy. We ask that all members use great care in respecting the privacy of all members, and every special education student. For this reason, please avoid approaching or publicly discussing any student (or family's) personal involvement in NPAC or special education services without that person's prior permission.

*It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, homelessness or disability.