BUREAU OF INDIAN EDUCATION

ADVISORY BOARD FOR EXCEPTIONAL EDUCATION

**MEMBERSHIP NOMINATION FORM (20 U.S.C. 1411(h)(6))**

**Nomination Information**

1. Nominations are requested from individuals, organizations, and federally recognized tribes, as well as from State Directors of Special Education (within the 23 states in which Bureau funded schools are located) concerned with the education of Indian children with disabilities as described above. The Membership Nomination form is also accepted from individuals who would like to self-nominate.
2. Nominees should have expertise and knowledge of the issues and/or needs of American Indian children with disabilities. Such knowledge and expertise are needed to provide advice and recommendations to the BIE regarding the needs of American Indian children with disabilities.
3. A summary of the candidate’s qualifications (resume or curriculum vitae) must be included with the nomination application. Nominees must have the ability to (1) attend all Advisory Committee meetings, (2) carry out committee assignments, and (3) participate in teleconference calls and work in groups.
4. The Department of the Interior is committed to equal opportunity in the workplace and seeks diverse Committee membership, however is bound by the Indian Preference Act of 1990 (25 U.S.C. § 472).

**Objective and Duties**

1. The Board provides guidance, advice and recommendations with respect to special education and related services for children with disabilities in BIE funded schools in accordance with the requirements of Individuals with Disabilities Education Act (IDEA 2004) and other relevant federal laws;
2. The Board provides advice and recommendations for the coordination of services within the BIE and with other local, State, and Federal agencies;
3. The Board provides advice and recommendations on a broad range of policy issues dealing with the provision of educational services to American Indian children with disabilities;
4. The Board serves as an advocate for American Indian students with special education needs by providing advice and recommendations regarding best practices, effective program coordination strategies, and recommendations for improved educational programming;
5. The Board provides advice and recommendations for the preparation of information required to be submitted to the Secretary of Education.
6. The Board provides advice and recommends policies concerning effective inter-/intra-agency collaboration, including modifications to regulations, and the elimination of barriers to inter-/intra-agency programs and activities.
7. The Board reports and directs all correspondence to the Assistant Secretary – Indian Affairs through the Director of the Bureau of Indian Education with a courtesy copy to the Designated Federal Official (DFO).

**Membership**

1. The Board shall be composed of fifteen (15) members. The Assistant Secretary – Indian Affairs may provide the Secretary of the Interior recommendations for the Chairperson. However, all board members will be appointed by the Secretary of the Interior as required. Board members shall serve a staggered term of two years or three years from the date of their appointment. The Secretary may remove members from the Board at any time at his/her discretion.
2. As required by the IDEA 2004, the Board will be composed of individuals involved in or concerned with the education and provision of services to Indian children with disabilities. The Board composition will reflect a broad range of viewpoints and will include at least one (1) member representing each of the following interests: Indian persons with disabilities, teachers of children with disabilities, Indian parents or guardians of children with disabilities, service providers, State Education Officials, Local Education Officials, State Interagency Coordinating Councils (for states having Indian reservations), Tribal representatives or tribal organization representatives, and BIA employees concerned with the education of children with disabilities.
3. Members of the Board will not receive compensation but will be reimbursed for travel, subsistence and other necessary expenses incurred in the performance of their duties consistent with 5 U.S.C. § 5703.
4. A member may not participate in matters that will directly affect, or appear to affect, the financial interests of the member or the member’s spouse or minor children, unless authorized by the DFO. Compensation from employment does not constitute a financial interest of the member so long as the matter before the committee will not have a special or distinct effect on the member or the member’s employer, other than as part of a class. The provisions of this paragraph do not affect any other statutory or regulatory ethical obligations to which a member may be subject.
5. The Board meets at least twice a year, budget permitting, but additional meetings may be held as deemed necessary by the Assistant Secretary or DFO.

**PLEASE FILL OUT FORM COMPLETELY**

***Note:*** *Additional pages may be added for further explanation of any item. Reference the corresponding item number for which the additional explanation is made. Within the published Federal Register notice, the BIE will direct individuals to the BIE website at* [*http://www.bie.edu/Programs/SpecialEd/AdvisoryBoard/index.htm*](http://www.bie.edu/Programs/SpecialEd/AdvisoryBoard/index.htm) *within the Special Education Program, Advisory Board section, where an MS Word and PDF version of this form will be available for individuals to download a copy, fill in electronically, and submit by email to* [*dpaidea@bie.edu*](mailto:dpaidea@bie.edu)*.*

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| **1. Full Name:** | |
| **2. Mailing Address (City, State, Zip Code):** | |
| **3. Primary Phone (Area code + Number):** | **4. Secondary Phone (Area code + Number):** |
| **5. Place of Employment** | |
| **6. Work Address (City, State, Zip Code):** | |
| **7. Employment Title:** | |
| **8. Work Telefax (Area code + Number):** | **9. Contact Email Address:** |

***Note to Review Committee:*** *Prior to submitting this nomination application, the above named individual must be contacted regarding appointment to the Advisory Board. Do not make nomination until this person has been contacted and agreed to have his/her name submitted to the Bureau of Indian Education.*

**10. If appointed, this person will represent one of the following categories (check all applicable):**

\_\_\_\_\_ Indian persons with disabilities

\_\_\_\_\_ Teachers of children with disabilities

\_\_\_\_\_ Indian parents or guardians of children with disabilities

\_\_\_\_\_ Service providers

\_\_\_\_\_ State Education Officials

\_\_\_\_\_ Local Education Officials

\_\_\_\_\_ State Interagency Coordinating Councils (for states having Indian reservations)

\_\_\_\_\_ Tribal representatives or tribal organization representatives

\_\_\_\_\_ Bureau employees concerned with the education of children with disabilities

**11. What role would you recommend this nominee serve?**

\_\_\_\_\_ Advisory Board Chairperson

\_\_\_\_\_ Advisory Board Member

**12. Nominee’s experience with BIA funded schools: (check all applicable)**

\_\_\_\_\_ BIE Day School

\_\_\_\_\_ BIE Boarding School

\_\_\_\_\_ Off-Reservation Boarding School

\_\_\_\_\_ Tribal Contract School

\_\_\_\_\_ Tribal Grant School

\_\_\_\_\_ Cooperative School

**13. List nominee’s experiences related to the education of Indian infants, toddler, children and youth with disabilities, in the past 10 years. Include time frames of experience or employment, position titles, location of employment or organization involvement and a brief description of duties. (Attach additional pages if necessary.)**

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**14. Provide a list of current memberships or current affiliation with professional education organizations, particularly special education organizations. Identify organization offices held if applicable. (Attach additional pages if necessary.)**

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**15. Identify special interests, activities, awards (professional, educational and community) related to the education of disabled Indian children (infants, toddler, children and/or youth). (Attach additional pages if necessary.)**

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**16. Nominee is recommended:**

\_\_\_\_\_ By an individual, organization or Indian Tribe.

\_\_\_\_\_ By him/herself (self-nomination).

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| **17. Name of Indian tribe, organization, or individual (include position title) making this nomination. If self-nominating type your Full Name.** |
| **18. Mailing Address (City, State, Zip Code) of Indian tribe, organization, or individual making nomination.** |
| **19. Primary Phone (Area code + Number) of Indian tribe, organization, or individual making nomination.** |
| **20. Contact Email Address of Indian tribe, organization, or individual making nomination.** |
| **21. Signature of Authorizing Official; or if self-nominating, sign your Full Name.** |
| **22. Date of Signature:** |

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to select individuals to serve on a Federal advisory committee, the Advisory Board for Exceptional Children (aka Advisory Board for Exceptional Children). Response to this request is required to obtain a benefit. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. This information will be used to determine the eligibility and the ranking of the nominee. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to Information Collection Clearance Officer – Indian Affairs, 1849 C Street, NW, MS-3642, Washington, DC 20240.