

**Wyoming Advisory Panel for Students with Disabilities--  
WAPSD Panel Member Application**

*The mission of WAPSD, as a diverse group, is to raise a common voice to advise the State Superintendent of Public Instruction on the unmet needs of students with disabilities by advocating for and commenting on the improvement of education opportunities.*

*The vision of the WAPSD is to provide guidance on education policies for all students with disabilities that create opportunities for them to become compassionate, productive and contributing citizens of their communities.*

Thank you for your interest in serving as a panel member for WAPSD. Many factors influence panel member selection, including demographic and geographic representation. The panel will review your application to determine appropriate fit for current membership needs.

If it is determined that you might be a good fit, you will be invited to attend a meeting and your expenses will be reimbursed by WDE. Panel members will then vote for recommending you to serve one 3-year term. After a yes vote, a letter will be submitted by the panel to the Director of the Wyoming Department of Education asking for approval of your service.

If you have questions about the application process, or about what panel membership requires, please contact the chair, Christine Bullinger at: [ccbullinger@hotmail.com](mailto:ccbullinger@hotmail.com)  
Please complete the following questions, and submit your application to:  
Mail address: 122 W. 25th St., Ste E-200, Cheyenne, WY 82002  
E-mail address: [jennifer.duncan@wyo.gov](mailto:jennifer.duncan@wyo.gov).

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

Home address: \_\_\_\_\_

Work Organization: \_\_\_\_\_

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

Phone – Day / Evening: \_\_\_\_\_

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

I am a person with a disability. The nature of my disability is: \_\_\_\_\_

I am a parent or family member of a child with a disability. My child is age \_\_\_\_\_ and the nature of his/her disability is: \_\_\_\_\_

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I am an education service provider at \_\_\_\_\_ school / school district. My job title is (please check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Superintendent                  | <input type="checkbox"/> General Education Administrator |
| <input type="checkbox"/> Principal                       | <input type="checkbox"/> Special Education Teacher       |
| <input type="checkbox"/> College / University faculty    | <input type="checkbox"/> General Education Teacher       |
| <input type="checkbox"/> Special Education Administrator | <input type="checkbox"/> Other: _____                    |

I am a representative of a state, regional, county or local agency or organization that serves students with disabilities: Yes / No (please circle one)

I am an interested citizen, and my interest is: \_\_\_\_\_

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Please describe your interest or association with special education: \_\_\_\_\_

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Please describe why you wish to be a member of the WAPSD: \_\_\_\_\_

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Do you belong to any organization(s) involved in special education? Yes / No  
If yes, name of organization(s): \_\_\_\_\_

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Describe your involvement in the organization: \_\_\_\_\_

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Would you be able to assist in communication to and from the organization(s)? Yes / No (please circle one)

Please provide two references to assist us in verifying your information:

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

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

Daytime phone: \_\_\_\_\_

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

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

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

Daytime phone: \_\_\_\_\_

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

## **WAPSD Panel Member Expectations and Responsibilities**

### **Length of Term**

- Members are appointed to a term of three (3) years, with the ability to serve no more than two (2) consecutive terms.
- Any member unable to attend a regular meeting may send a substitute, who will be permitted voting privileges. Substitutes represent the same constituency as the panel member being replaced.

### **Meeting Attendance and Participation Expectations**

- WAPSD panel meets 6-8 times per year in locations around Wyoming and in virtual meetings; primary meeting location is Casper, Wyoming. Most meetings are half a day, although some meetings are an afternoon and following morning; virtual meetings are currently 3-4 hours held as a combination of web-based and phone conference.
- Members are expected to attend/participate via phone in all meetings, or to provide a substitute.
- Members may be asked to leave the panel if he/she has missed two (2) meetings in one (1) year and/or failed to provide a substitute.
- Most decisions made by the panel are reached by consensus. Panel members are expected to fully and respectfully participate in discussions.

### **Time Expectations**

- 1-2 hours per week for general panel membership, in addition to meetings.
- Each panel member is expected to serve on at least one sub-committee; some panel members will serve on two.
- Chairing a sub-committee increases membership responsibilities:
  - Time commitment can be up to ten (10) hours per week.
- Executive Committee should expect ten (10) and occasionally more hours per week.

### **Financial Responsibilities**

- Panel members serve without compensation, but the State will reimburse expenses incurred for travel, meals, and lodging: Reimbursement process generally takes two weeks after submission of expenses to receive payment.

### **Additional Resources Needed**

- Access to high-speed internet computer; printer; Word and Adobe applications.
- Ability to make long distance phone calls, often during business hours, up to three (3) hours monthly for general membership duties, aside from meetings.