



## Interest Inventory PEATC Board of Directors

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Phone numbers: (day) ( ) \_\_\_\_\_  
 (evening) ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_

### **SECTION A**

Areas of Interest -- DIRECTIONS: Mark top one, two, or three categories of interest in order from highest level of interest in the area/topic to lower level of interest by writing a 1, 2, or 3 in the column for beside the area. Placing a "1" in the column indicates the highest level of interest in that area. If you are primarily interested in only one or two areas, mark only those areas; do not force a third choice. Remember, you are indicating areas of interest for potentially serving on a disability-related Board of Directors or on an Advisory Group. Please mark only areas that you care most about and are willing to put time and effort toward.

<b>CATEGORY 1 – Disability</b>		<b>CATEGORY 2 -- Education</b>	
<b>DIRECTIONS: In the column to the left, number your top one, two, or three areas of interest in this category. Please do not mark more than 3 areas.</b>		<b>DIRECTIONS: In the column to the left, number your top one, two, or three areas of interest in this category. Please do not mark more than 3 areas.</b>	
	Autism		Early Intervention ages birth to three
	Significant Cognitive Disability (Mental Retardation)		Early Childhood ages 3-5
	Emotional Disturbance/Behavior Disorder		Students ages 6-21
	Health Impairment		Post secondary education and training
	Orthopedic Impairment		Continuing and Adult Education
	Intellectually Gifted		Adult Day Services
	Specific Learning Disability (Cognitive Processing Disorder, including Dyslexia):		Other – <u>Describe</u> :
	Math	<b>CATEGORY 3 -- Areas of Need</b>	
	Reading	<b>DIRECTIONS: In the column to the left, number your top one, two, or three areas of interest in this category. Please do not mark more than 3 areas.</b>	
	Writing		
	Speech Impairment		
	Language Impairment		
	Deafness		IDEA compliance
	Hearing Impairment		Individualized Education Plans (IEP)
	Blindness		504 Plans
	Visual Impairment		Transportation
	Deaf/Blind		Housing
	Multiple Disabilities		Residential Services
	Functional Delay		Advocacy – <u>Describe</u> :
	Developmental Delay (category used only with students ages birth through nine years)		Other – <u>Describe</u> :
	Other – <u>Describe</u> :		Equipment and/or Assistive Technology
			Respite Care
			Medicaid Waiver Programs
			Health/Dental Care
			Employment
			Recreation and Summer Camps



CATEGORY 4 -- Medical/Genetic		CATEGORY 5 -- Other
<b>DIRECTIONS: Mark your top one, two, or three areas of interest in this category. Please do not mark more than 3 areas.</b>		<b>DIRECTIONS: List your top one, two, or three areas of interest that are not shown above. Please do not list more than 3 areas. If you need more space to write, please use the back of this form.</b>
	Autism	If your primary area(s) of interest are not listed above, please list and describe your area(s) of interest related to disability:
	Down Syndrome	
	Epilepsy	
	Cerebral Palsy	
	Brain Injury	
	Rare Disorders/Syndromes	
	Spina Bifida	
	Mental Health Disorder(s)	
	Other – <u>Describe</u> :	

## **SECTION B**

Perspective/Point of View – DIRECTIONS: Mark all that apply and complete all information.

- Parent or Family Member of Person with a disability
- Adult with a Disability
- Service Provider for Child(ren) with a Disability
- Student (Mark this area if you are now or have been a student with an IEP or 504 plan)
- Other interested party – Describe: \_\_\_\_\_
- Educator or Related Service Provider
- Service Provider for Adult(s) with a Disability
- Employer of person(s) with disability

Leadership Skills – DIRECTIONS: Describe the leadership skills you have that make you a good candid for serving on a Board of Directors or an Advisory Group:

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Fund Raising Potential -- DIRECTIONS: If you are interested in serving on a Board of Directors for a not-of-profit agency fund raising is a typical responsibility. Describe your fund raising skills/capabilities/potential:

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Previous Service: DIRECTIONS: Mark yes or no and describe.

Are you currently serving on a Board of Directors or as a member of an Advisory Group?  No or  Yes – If “yes”, describe:

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Have you served on a Board of Directors or as a member of an Advisory Group in the past?  No or  Yes – If “yes”, describe:



**Contact Information:** DIRECTIONS: Please print clearly.

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

Mailing Address: \_\_\_\_\_

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

Phone numbers: (day) ( ) \_\_\_\_\_

(evening) ( ) \_\_\_\_\_

cell ( ) \_\_\_\_\_

Demographics: DIRECTIONS: Mark all that apply.

Race/Ethnicity:  American Indian/Native Alaskan  
 Hispanic  
 White/Caucasian (not Hispanic)

Asian/Pacific Islander  
 Black/African-American (not Hispanic)

Primary Language:  English  Spanish  Other: \_\_\_\_\_

If you are the parent of a child with a disability, please describe your child's disability and the age of your child.