



PARMA COUNCIL OF PTAs

SPECIAL EDUCATION ADVOCATE NOMINATION FORM

This nominee can be any PTA member (of a unit in good standing) who is dedicated to the PTA mission and who works on behalf of the children and youth with special needs.

NOMINEE NAME: _____

Address: _____

City/Zip: _____ / _____

Phone #: (_____) _____

E-mail Address: _____ @ _____

Nominated by: _____

Phone: (_____) _____ Email: _____

Unit: _____ President: _____



We (I) nominate the person noted above for SPECIAL EDUCATOR ADVOCATE because: (cite specific examples including any involvement with PTA)

Please turn this form into PCPTA by March 1st. Thank you!