



**Do you belong to any organizations? Please list them.**

**What experiences have you had in advocating for yourself, your child or other people with disabilities?**

**What are your “burning issues” around disability or education policies and services?**

**How did you find out about Partners in Policymaking?**

**Please list two references OTHER THAN FAMILY MEMBERS:**

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

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

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**How do you know this person?**

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