



WV Early Intervention Interagency Coordinating Council Nomination Form

WVEIICC Membership Committee 99 Edmiston Way, Suite 201, Buckhannon, WV 26201 304-471-3443 * Fax 304-471-3441 * email – szickefoose@rvcds.org

Nominee					
Address					
Home Phone				Cell Phone	
Work Phone				Fax	
Email				l	
What membership category of the WVEIICC do you Family Members – Age of Child Personnel Preparation Head Start Bureau for Children and Families Bureau for Medical Services State Legislature Family Resource Networks WV Advocates WV Chapter, AAP Other			Child	Provide State Do Behavio Insurance WV Chi WV Pare Parent A WV Dev	ill? (complete all that apply) rs of WV Birth to Three services epartment of Education oral Health and Health Facilities ce Commission Idren's Health Insurance Program ent Training and Information Advisory Councils velopmental Disabilities Council of Maternal, Child and Family Health
Council be		•			
information of involved with services for in special need	ons in about a WV I afants ls, you	e and nclude (include how you have been Birth to Three or other and toddlers with ur thoughts on team ollaborative activities)			





The Council strongly supports collaboration, family-centered practice, and parent input into decision-making. Do you share these values and how do you personally support or model them?	
What knowledge and skills would you bring to the Council?	
Can you commit to consistent attendance at Council meetings, scheduled every other month?	
Are you willing to be involved in work groups and/or Council committees to carry out the Council's work?	

You may add additional pages to your nomination form if this page does not provide sufficient space.