Special Education District Contact Information

Please complete the form below listing all special education positions for your district and return to the Office of Special Education, Attention: **Raymond Reeves** (RReeves@mdek12.org).

District: _____

Contact #1 Name: _____

Position Title: _____

Address #1: _____

Address #2: _____

City: _____

State: _____ Zip Code: _____

Work Number: _____ Fax Number: _____

E-mail: _____

1) Is this the public's immediate contact?
(If so, this will be the person listed on the OSE's Special Education District Supervisors web page) ◯ Yes ◯ No

2) Should this person receive Special Education ListServ Messages? ◯ Yes ◯ No

Contact #2 Name: _____

Position Title: _____

Address #1: _____

Address #2: _____

City: _____

State: _____ Zip Code: _____

Work Number: _____ Fax Number: _____

E-mail: _____

1) Is this the public's immediate contact?
(If so, this will be the person listed on the OSE's Special Education District Supervisors web page) ◯ Yes ◯ No

2) Should this person receive Special Education ListServ Messages? ◯ Yes ◯ No

Contact #3 Name: _____

Position Title: _____

Address #1: _____

Address #2: _____

City: _____

State: _____ Zip Code: _____

Work Number: _____ Fax Number: _____

E-mail: _____

1) Is this the public's immediate contact?
(If so, this will be the person listed on the OSE's Special Education District Supervisors web page) ◯ Yes ◯ No

2) Should this person receive Special Education ListServ Messages? ◯ Yes ◯ No

Contact #4 Name: _____

Position Title: _____

Address #1: _____

Address #2: _____

City: _____

State: _____ Zip Code: _____

Work Number: _____ Fax Number: _____

E-mail: _____

1) Is this the public's immediate contact?
(If so, this will be the person listed on the OSE's Special Education District Supervisors web page) ◯ Yes ◯ No

2) Should this person receive Special Education ListServ Messages? ◯ Yes ◯ No

Contact #5 Name: _____

Position Title: _____

Address #1: _____

Address #2: _____

City: _____

State: _____ Zip Code: _____

Work Number: _____ Fax Number: _____

E-mail: _____

1) Is this the public's immediate contact?
(If so, this will be the person listed on the OSE's Special Education District Supervisors web page) ◯ Yes ◯ No

2) Should this person receive Special Education ListServ Messages? ◯ Yes ◯ No

Contact #6 Name: _____

Position Title: _____

Address #1: _____

Address #2: _____

City: _____

State: _____ Zip Code: _____

Work Number: _____ Fax Number: _____

E-mail: _____

1) Is this the public's immediate contact?
(If so, this will be the person listed on the OSE's Special Education District Supervisors web page) ◯ Yes ◯ No

2) Should this person receive Special Education ListServ Messages? ◯ Yes ◯ No

Submit