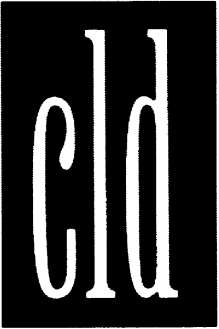


Please help CLD maintain current information about you and your professional interests by completing the information below. Your participation in this survey assists CLD to better plan to meet our members' needs.

<p>I. Occupation</p> <p><input type="checkbox"/> Teacher-Special Education</p> <p><input type="checkbox"/> Teacher-General Education</p> <p><input type="checkbox"/> Para-Educator</p> <p><input type="checkbox"/> Administrator</p> <p><input type="checkbox"/> University Faculty</p> <p><input type="checkbox"/> Diagnostician</p> <p><input type="checkbox"/> Psychologist</p> <p><input type="checkbox"/> School Counselor</p> <p><input type="checkbox"/> Private Tutor</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Full-Time Student</p> <p><input type="checkbox"/> Other: _____</p> <p>II. Employment Setting</p> <p><input type="checkbox"/> Preschool/Early Intervention</p> <p><input type="checkbox"/> Public School - Elementary</p> <p><input type="checkbox"/> Public School - Secondary</p> <p><input type="checkbox"/> Private School - Elementary</p> <p><input type="checkbox"/> Private School - Secondary</p> <p><input type="checkbox"/> Postsecondary</p> <p><input type="checkbox"/> College/University</p> <p><input type="checkbox"/> Private Practice</p> <p><input type="checkbox"/> Residential Facility</p> <p><input type="checkbox"/> State Department of Education</p> <p><input type="checkbox"/> Other: _____</p> <p>III. Areas of Interest (please select no more than 3)</p> <p><input type="checkbox"/> Assessment</p> <p><input type="checkbox"/> Mathematics Instruction</p> <p><input type="checkbox"/> Reading Instruction</p> <p><input type="checkbox"/> Writing Instruction</p> <p><input type="checkbox"/> Social Skills Instruction</p> <p><input type="checkbox"/> Student Motivation</p> <p><input type="checkbox"/> Technology</p> <p><input type="checkbox"/> Classroom Management Strategies</p> <p><input type="checkbox"/> Inclusion Strategies</p> <p><input type="checkbox"/> Learning Strategies</p> <p><input type="checkbox"/> Language Development</p> <p><input type="checkbox"/> Early Intervention</p> <p><input type="checkbox"/> Transition</p> <p><input type="checkbox"/> Alternative Education</p> <p><input type="checkbox"/> Post-Secondary Services</p> <p><input type="checkbox"/> Teacher Preparation</p> <p><input type="checkbox"/> Legislative Action/Policy</p> <p><input type="checkbox"/> Parent Education</p> <p><input type="checkbox"/> Collaboration</p> <p><input type="checkbox"/> Other: _____</p>	<p>** Disability Interests</p> <p><input type="checkbox"/> Learning Disabilities</p> <p><input type="checkbox"/> Emotional/Behavioral Disorders</p> <p><input type="checkbox"/> Developmental Disabilities</p> <p><input type="checkbox"/> Dyslexia</p> <p><input type="checkbox"/> ADD/ADHD</p> <p><input type="checkbox"/> Other _____</p> <p>IV. Highest Degree Held</p> <p><input type="checkbox"/> High School</p> <p><input type="checkbox"/> A.A. or A.S.</p> <p><input type="checkbox"/> B.A. or B.S.</p> <p><input type="checkbox"/> M.A., M.S., or M.Ed.</p> <p><input type="checkbox"/> M.A., M.S., or M.Ed. + 30 hrs.</p> <p><input type="checkbox"/> Ed.D., Ph.D., or J.D.</p> <p><input type="checkbox"/> Other _____</p> <p>V. How many years have you been in the profession?</p> <p><input type="checkbox"/> 0 – 5</p> <p><input type="checkbox"/> 6 – 10</p> <p><input type="checkbox"/> 11 – 20</p> <p><input type="checkbox"/> 20+</p> <p>VI. Gender (optional)</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p>VII. Race/Ethnicity (optional)</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> African-American or Black</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other _____</p> <p>VIII. What is your preferred way to receive updates about CLD? (Note: We may continue to contact you through multiple formats as appropriate)</p> <p><input type="checkbox"/> Regular Mail <input type="checkbox"/> E-mail</p> <p>IX. Are you interested in receiving legislative updates if CLD begins to provide them?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>X. Service to CLD</p> <p>Are you interested in holding an elected office in:</p> <p><input type="checkbox"/> State/regional CLD Chapter</p> <p><input type="checkbox"/> National CLD</p> <p>XI. Organizational Interest</p> <p>Are you interested in:</p> <p>(a) Serving on a CLD committee?(check preferences)</p> <p><input type="checkbox"/> Bylaws & Rules</p> <p><input type="checkbox"/> Communications</p> <p><input type="checkbox"/> Conference Planning</p> <p><input type="checkbox"/> Standards & Ethics</p> <p><input type="checkbox"/> Liaison</p> <p><input type="checkbox"/> Research</p> <p><input type="checkbox"/> Membership</p> <p><input type="checkbox"/> Diversity</p> <p><input type="checkbox"/> Technology</p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Leadership Development</p> <p>(b) Assisting with a regional or national conference in your area?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) Helping to start a chapter in your area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>XII. Research (optional)</p> <p>Please list research areas (including Action Research) in which you are engaged:</p> <p>1. _____</p> <p>2. _____</p> <p>Thank you for taking the time to complete this survey and for being a new or renewing CLD member!</p> <div style="text-align: center;">  </div>
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Council for Learning Disabilities Mission: The Council for Learning Disabilities (CLD) is an international organization that promotes evidence-based teaching, collaboration, research, leadership, and advocacy. CLD is composed of professionals who represent diverse disciplines and are committed to enhancing the education and quality of life for individuals with learning disabilities and others who experience challenges in learning.

If you have retrieved this form from the website, please submit it with your membership application.