SC Learning Disorders Task Force

Public Comment Form

First Name: __________________________   Last Name: __________________________

Organization Represented: __________________________________________________________

Address: _______________________________________________________________________________ 
__________________________________________________________________________________________

City: _______________________________   State: _________  ZIP Code: ____________

Phone: ______________________________________

Email: __________________________________________________________________________________

Do you require reasonable accommodations? __________________________

__________________________________________________________________________________________

How would you like to give your comment:

☐ I would like to speak with the Advisory Council in person.

☐ I would like the Advisory Council Chairperson to share my comment with council.

Please describe the issue to be raised or provide a written comment to be read aloud by the Chair:

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