

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:
