

# ACSA COUNCIL MEMBER RECOMMENDATION FORM

## For the Middle Grades Education Council

**Purpose of Council:** To identify and study issues relating to middle grades administrators and to recommend practices and policies which will lead to high quality programs for young adolescents. To strengthen a network for communication among middle grade administrators. To plan, provide, and encourage professional development programs for middle grades administrators. To assist in the recruitment of middle grades administrators as ACSA members. To encourage interaction and support between ACSA, the National Association of Secondary School Principals, the California Department of Education, and other organizations and agencies promoting the interests of middle grades education.

### Responsibilities of council members:

Assist in the realization of the purpose of the council by attending and actively participating in three council meetings per year, by serving as needed on related sub-council meetings per year, by representing the interests and purpose of the council within ACSA and by representing ACSA when called upon by the ACSA leadership. The time commitment is three to five days per year.

### **Ability to:**

- ◆ Be an effective communicator
- ◆ Be actively involved
- ◆ Assume and perform leadership functions

### **Experience:**

- ◆ At least three years of middle school experiences preferred
- ◆ Successful leadership experience
- ◆ Involvement in school reform/improvement efforts

**Council Member Being Replaced:** \_\_\_\_\_ **Term:** \_\_\_\_\_

**One Box must be selected**

**Council Member Selected**

**Council Member Elected:**

Name \_\_\_\_\_ Social Security #: \_\_\_\_\_

Title \_\_\_\_\_ District \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Superintendent of District \_\_\_\_\_

Superintendent's Address \_\_\_\_\_

Nominee's previous ACSA State, Regional or Charter activities: \_\_\_\_\_

\* **Please be sure to check the appropriate box for affirmative action:**  Male  Female

African/American

Asian

Caucasian

Eskimo – American Indian

Filipino

Latino

Pacific Islander

### **Special Instructions:**

- Before you return this form, **check to be sure the person recommended is an ACSA member.** You are welcome to contact the ACSA Membership Department at (650) 692-4300 if you are unsure.
- Be sure that you **do not recommend any member who has already served a full three year term.**
- Members may serve on only one ACSA State Committee/Council at a time.

REGION: \_\_\_\_\_ REGION PRESIDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**Return completed forms to: Lori Allred | [lallred@acsa.org](mailto:lallred@acsa.org)**  
ACSA, 1029 J Street, Suite 500, Sacramento, CA 95814