

ACSA COUNCIL MEMBER RECOMMENDATION FORM

For the Superintendency Council

Purpose of Council: To identify and study issues related to the role and responsibilities of superintendents and proactively advocate for solutions. To strengthen a network for communication among superintendents. To be proactive in representing the viewpoints and vision of superintendents on critical education issues with a view toward influencing policy and practice at the local, state, and national levels. To plan strategies and practices which will influence the quality of education for all California students. To voice the critical need for stable, sound finance for educating California's children. To represent superintendents in ACSA's relations with the Governor's office, Legislature, and State Superintendent of Public Instruction. To plan and coordinate professional development activities for superintendents and activities to enhance professional development of administrators and all school district positions. To encourage the active participation of superintendents and all other management team members in ACSA. To maintain a liaison relationship with AASA and other state organizations and agencies.

Council members are elected or appointed by superintendents of each ACSA region

Responsibilities of committee members:

Provide leadership at the ACSA region level and at the state level
Disseminate minutes and information from Council meetings to superintendents at the Region level
Attend six monthly state council meetings
Attend the ACSA Superintendents' Symposium
Serve on committees of the Superintendency Council

Ability to:

In addition to regular work responsibilities, dedicate time to achieving the goals of the Superintendency Council

Experience:

Must be superintendent of a California school district

Council Member Being Replaced: _____ **Term:** _____

Council Member Recommended:

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
ACSA, 1029 J Street, Suite 500, Sacramento, CA 95814