

ACSA COUNCIL MEMBER RECOMMENDATION FORM

For the Adult Education Council

Purpose of Council: To identify and study issues relating to adult education. To recommend legislative positions to ACSA and advocate for legislation that advances public adult education statewide. To actively enhance and promote adult education's role with professional organizations, government officials, state agencies, school districts, business, industry, and the community at large. To plan and coordinate professional growth opportunities for administrators of adult education programs.

Responsibilities of council members:

- ◆ Attend at least 3 council meetings.
- ◆ Attend annual Adult Education Professional Learning Opportunity.
- ◆ Provide leadership at the regional level.
- ◆ Use region committees for input on critical issues.
- ◆ Disseminate information from state council meetings to other adult educators at the regional level by conducting region meetings and through email.
- ◆ Provide a vehicle for two-way and general communication between and among adult educators regionally and/or statewide.
- ◆ Coordinate with state department consultants in order to keep the region informed.
- ◆ Give "expert" testimony, if called upon.
- ◆ Contribute articles to region newsletter.
- ◆ Serve as a representative for the Adult Education Council to other related committees/councils and with other organizations.

Ability to:

Dedicate time to the Adult Education Council in addition to regular work responsibilities. Time commitment to include: state council meetings, information dissemination, regional Adult Ed Committee meetings/activities, and liaison assignments.

Experience:

Council members shall be current adult education administrators who are state members of the Association of California School Administrators and active in region and state adult education and ACSA activities.

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

One Box must be selected

Council Member Selected: **or 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
ACSA, 1029 J Street, Suite 500, Sacramento, CA 95814**