

# 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: Adelita Dizdarevic, Governance Assistant**  
ACSA, 1029 J Street, Suite 500, Sacramento, CA 95814