

ACSA COMMITTEE MEMBER RECOMMENDATION FORM

For the Urban Education Committee

Purpose of Committee: To identify and study issues relating to urban education. To emphasize the need to improve educational opportunity for children in urban school districts. To identify and articulate the unique concerns of administrators in urban school districts. To recommend solutions and/or courses of action to deal with problems and needs of urban schools. To identify and study issues and make recommendations on practices, policies, and positions to ACSA’s leadership and staff and to state agencies/legislators related to Urban Education.

Responsibilities of committee members:

Provide information regarding important issues, concerns and needs from your district at the UEC meetings.
Disseminate information from UEC meetings to district and region.
Attend ACSA Annual Conference
Participate in surveys generated by the UEC regarding urban education issues and concerns.

Ability to:

Dedicate time to UEC in addition to regular work responsibilities.
Attend at least three state committee meetings.
Initiate discussions at state meetings regarding Issues which have statewide impact.

Experience:

Service in leadership position in district self-identified as urban with size/enrollment of at least 20,000 students.

Committee 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:

- ACSA membership is required of the nominee. You are welcome to contact the ACSA Membership Department at (650) 692-4300 if you are unsure.
- Members may serve on only one ACSA State Committee at a time.

SUBMITTED BY: _____

REGION: _____

DATE: _____

Return completed forms to:

**ACSA
Attn: Lori Allred
1029 J Street, Suite 500
Sacramento, CA 95814**