

# ACSA COUNCIL MEMBER RECOMMENDATION FORM

## For the Educational Options Council

**Purpose of Council:** — To be the leader at the state level in promoting best practices in teaching and learning while promoting, supporting, and influencing accountability, programming, and credentialing, in addition to financial and legislative issues facing educational options programs in the state.

### Responsibilities of Council Members

- Provide leadership at the region level for the Region level committee
- Disseminate information from Council meetings to Educational Options leaders at the region level
- Represent the region committee by bringing forward grass roots issues of state-wide impact for discussion at the state council
- Contribute articles to the region newsletter
- Attend three state council meetings
- Serve as a representative of the Continuation and Educational Options Council on other related Committees/Councils with other organizations
- Serve as a presenter at the region or state Conferences
- Provide support for political action as needed
- Attend ACSA Annual Conference

### **Ability to:**

- Dedicate time to the CEO Council in addition to regular work responsibilities. Average total time per year = six days + Annual Conference

### **Experience:**

- Preferred: participation on the region committee and/or leadership experience dealing with issues in the area of alternative ed/educational options
- Leadership experience at the charter level or region level and a desire to develop as a leader in the area of alternative ed/educational options may be considered

**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: Adelita Dizdarevic, Governance Assistant**

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